

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90768 021 \*\*\*61.25

**DOCUMENT # N97000001660**

1. Entity Name

**SOUTHERN DRAFT HORSE ASSOCIATION, INC.**



Principal Place of Business

**1962 EAST 476  
BUSHNELL FL 33513**

Mailing Address

**PO BOX 2321  
BUSHNELL FL 33513**

**10035430**

2. Principal Place of Business

**4433 W. LONELY COURT**

3. Mailing Address

**1762 STONEY BATTERY RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DUNNELLON, FL**

City & State

**MARION, VA**

Zip

**34433**

Country

**USA**

Zip

**24354**

Country

**USA**

4. FEI Number **59-3480538**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WENTZEL, KAREN A  
1962 EAST CR 476  
BUSHNELL FL 33513**

7. Name and Address of New Registered Agent

Name

**CAROLYN R. MC CLELLAN**

Street Address (P.O. Box Number is Not Acceptable)

**1762 STONEY BATTERY RD.**

City

**DUNNELLON**

**FL**

Zip Code  
**34433**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Carolyn R. Mc Clellan*

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Feb. 17, 2003*

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |    |      |                           |                                            |
|----------------|----|------|---------------------------|--------------------------------------------|
| TITLE          | P  | NAME | NEVERS, MICHAEL           | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS |    |      | 36600 MICRO RACETRACK RD  |                                            |
| CITY-ST-ZIP    |    |      | FRUITLAND PARK FL 34731   |                                            |
| TITLE          | VP | NAME | YODER, TERRY              | <input type="checkbox"/> Delete            |
| STREET ADDRESS |    |      | 5032 NW 40TH STREET       |                                            |
| CITY-ST-ZIP    |    |      | LAKE PANASOFFKEE FL 33538 |                                            |
| TITLE          | S  | NAME | YODER, GLENDORA           | <input type="checkbox"/> Delete            |
| STREET ADDRESS |    |      | 5032 NW 40TH STREET       |                                            |
| CITY-ST-ZIP    |    |      | LAKE PANASOFFKEE FL 33538 |                                            |
| TITLE          | T  | NAME | WENTZEL, KAREN            | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS |    |      | PO BOX 2321               |                                            |
| CITY-ST-ZIP    |    |      | BUSHNELL FL 33513         |                                            |
| TITLE          | D  | NAME | HOPKINS, STEWART          | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS |    |      | 36600 MICRO RACETRACK RD  |                                            |
| CITY-ST-ZIP    |    |      | FRUITLAND PARK FL 34731   |                                            |
| TITLE          | D  | NAME | POWELL, RAY               | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS |    |      | PO BOX 146                |                                            |
| CITY-ST-ZIP    |    |      | NEW CASTLE KY 40050       |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |      |                            |                                                                              |
|----------------|---|------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | P | NAME | Ray Powell                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |      | PO Box 146                 |                                                                              |
| CITY-ST-ZIP    |   |      | New Castle, KY 40050       |                                                                              |
| TITLE          |   | NAME |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |   |      |                            |                                                                              |
| CITY-ST-ZIP    |   |      |                            |                                                                              |
| TITLE          |   | NAME |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |   |      |                            |                                                                              |
| CITY-ST-ZIP    |   |      |                            |                                                                              |
| TITLE          | T | NAME | CAROLYN R. MC CLELLAN      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |      | 1762 STONEY BATTERY ROAD   |                                                                              |
| CITY-ST-ZIP    |   |      | MARION, VA 24354           |                                                                              |
| TITLE          | D | NAME | WILLIAM D. MC CLELLAN      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |      | 1762 STONEY BATTERY ROAD   |                                                                              |
| CITY-ST-ZIP    |   |      | MARION, VA 24354           |                                                                              |
| TITLE          | D | NAME | MICHAEL NEVERS             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |      | 36600 MICRO RACETRACK ROAD |                                                                              |
| CITY-ST-ZIP    |   |      | FRUITLAND PARK, FL 34731   |                                                                              |

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**WILLIAM D. MC CLELLAN, DIRECTOR**

**2-17-2003 352-465-3311**

Date

Daytime Phone #