

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90112 010 ****61.25

DOCUMENT # N97000001777

1. Entity Name

WELLINGTON EQUESTRIAN ALLIANCE, INC.

Principal Place of Business

Mailing Address

**14440 PIERSON ROAD
 WELLINGTON FL 33414
 US**

**14440 PIERSON ROAD
 WELLINGTON FL 33414
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2331172

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MISCHE, EUGENE
 14440 PIERSON ROAD
 WELLINGTON FL 33414**

Name

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

1301 SIXTH AVE WEST SUITE 406

City

BRADENTON

FL

Zip Code

34205

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MISCHE, EUGENE	
STREET ADDRESS	14440 PIERSON ROAD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, JEREMY	
STREET ADDRESS	14440 PIERSON ROAD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKS, GEORGE	
STREET ADDRESS	14440 PIERSON ROAD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	LLOYD, FRANK	
STREET ADDRESS	14440 PIERSON ROAD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIRSCH, NEIL	
STREET ADDRESS	14440 PIERSON ROAD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURRY, AGNETA	
STREET ADDRESS	14440 PIERSON ROAD	
CITY-ST-ZIP	WELLINGTON FL 33414	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1301 SIXTH AVE W SUITE 406
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1300 NORTH DAVIS RD
CITY-ST-ZIP	EAST LORRA, NY 14052
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13808 FAIRLANE CT
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	66 THUNDERHEAD PL
CITY-ST-ZIP	MANHATT, NJ 07430
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1115 SNEED RD RT12
CITY-ST-ZIP	FRANKLIN, TN 37064

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:

EUGENE R. MISCHE

9/11/02

CR2E037 (4/02)