

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001926

1. Entity Name

EAST COAST QUARTER HORSE ASSOCIATION, INC.

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90103 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 1131  
NEW SMYRNA BEACH FL 32170-1131

POST OFFICE BOX 1131  
NEW SMYRNA BEACH FL 32170-1131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3422185

Applied For

Not Applicable

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

FARRELL, JOANN  
2797 NORDMAN AVE  
NEW SMYRNA BEACH FL 32168

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete  
NAME MORRIS, GAY  
STREET ADDRESS 1711 JUNIPER DR.  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE Director ☒ Change ☐ Additio  
NAME  
STREET ADDRESS 1818 N. Peninsula Ave.  
CITY-ST-ZIP New Smyrna Beach FL 32169

TITLE TD ☐ Delete  
NAME POWELL, OLIVER  
STREET ADDRESS 1626 MAGNOLIA AVE  
CITY-ST-ZIP S DAYTONA FL 32119

TITLE ☐ Change ☐ Additio  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME FARRELL, JOANN  
STREET ADDRESS 2797 NORDMAN AVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Additio  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MOODY, TRUDY  
STREET ADDRESS 2001 S. GLENCOE RD.  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE Vice President ☒ Change ☐ Additio  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Additio  
NAME Winston C. Swiney  
STREET ADDRESS 1105 Regent  
CITY-ST-ZIP Edgewater FL 32132

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Additio  
NAME Marilyn Kingston  
STREET ADDRESS 1610 Bradford Rd  
CITY-ST-ZIP Edgewater FL 32132

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:

*JOANN FARRELL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

1-17-2000

Date

904-423-3667

Daytime Phone #