

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90312 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N97000002239**

1. Entity Name

**HORSES FOR THERAPEUTIC RIDING INC.**

Principal Place of Business

Mailing Address

17029 NEWPORT CLUB DR  
 BOCA RATON FL 33496

17029 NEWPORT CLUB DR  
 BOCA RATON FL 33496-3008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

**ZEITCHICK, STANLEY**  
**17029 NEWPORT CLUB DRIVE**  
**BOCA RATON FL 33496**

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: *Stanley J. Zeitchick*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: *1/12/00*

**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	PD	<input type="checkbox"/> Delete
NAME	ZEITCHICK, STANLEY S	
STREET ADDRESS	17801 FIELDBROOK CIR. W.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLOOM, MICHAEL L	
STREET ADDRESS	1515 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRUMM, SCHWARTZ	
STREET ADDRESS	1515 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Stanley J. Zeitchick* **STANLEY ZEITCHICK**

DATE: *1/12/00* DAYTIME PHONE #: *561 9959500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/99)