

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0009628

DOCUMENT # N98000000546

1. Entity Name

SUNCOAST CUTTING HORSE ASSOC., INC.

04-10-2001 90121 045 ****61.25

Principal Place of Business

Mailing Address

**3633 PEPPER LANE
 NEW SMYRNA BEACH FL 32168**

**3633 PEPPER LANE
 NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3654 Pepper Lane
 City & State

3654 Pepper Ln
 City & State

New Smyrna Bch, FL
 Zip Country

New Smyrna Bch, FL
 Zip Country

32168 U-S.

32168 U-S.

6. Name and Address of Current Registered Agent

4. FEI Number

59-3437918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**SCHWAB, ANN MARIE
 3660 PEPPER LANE
 NEW SMYRNA BEACH FL 32168**

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **SCHWAB, ANN MARIE**
 CITY-ST-ZIP **3660 PEPPER LANE
 NEW SMYRNA BEACH FL 32168**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **LOVE, CHUCK**
 CITY-ST-ZIP **P.O. BOX 849
 JUPITER FL 33468**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HEMINGER, MARILYN**
 CITY-ST-ZIP **3585 E. WEST COVE CT.
 DUNNELLON FL 34434**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SOKOL, TED**
 CITY-ST-ZIP **3633 PEPPER LANE
 NEW SMYRNA BEACH FL 32168**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **EVANS, RORY**
 CITY-ST-ZIP **621 DUNMAR CIRCLE
 WINTER SPRINGS FL 32708**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

KATHY ASKRE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01 386-423-3417

CR2E037 (10/00)