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

Mailing Address

3654 PEPPER LANE

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

NEW SMYRNA BEACH FL 32168

## DOCUMENT # N9800000546

Principal Place of Business

NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

SCHWAB, ANN MARIE

**NEW SMYRNA BEACH FL 32168** 

3660 PEPPER LANE

Suite Apt. # etc.

City & State

Zip

3654 PEPPER LANE

SUNCOAST CUTTING HORSE ASSOC., INC.

Country

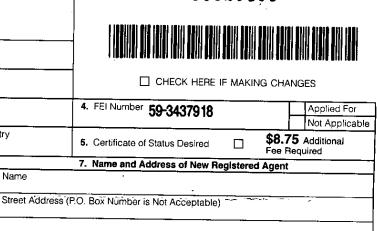
6. Name and Address of Current Registered Agent



## FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90110 015 \*\*\*\*61 25

90020436



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. I am familiar with, and accept the obligations of registered agent.

Country

Name

City

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition SCHWAB, ANN MARIE NAME NAME STREET ADDRESS 3660 PEPPER LANE STREET ADDRESS CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition LOVE, CHUCK NAME NAME STREET ADDRESS P.O. BOX 849 STREET ADDRESS CITY-ST-ZIP JUPITER FL 33468 CITY-ST-ZIP TITLE Delète TITI E T Change Addition HEMINGER, MARILYN NAME STREET ADDRESS 3585 E. WEST COVE CT. STREET ADDRESS CITY-ST-ZIP DUNNELLON FL 34434 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOKOL, TED NAME NAME 3633 PEPPER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition EVANS, RORY NAME NAME STREET ADDRESS 621 DUNMAR CIRCLE STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

386-423-3417