

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90004 020 ****61.25

DOCUMENT

1. Entity Name *The Centre For Horse Assisted Psychotherapy and Study*

N98000002729

Principal Place of Business

Mailing Address

*1625 NE 20 Ave.
 Ft. Lauderdale, Fla. 33305*

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

650836327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*LINDA HROU NSW PRESIDENT
 1625 NE 20 AVE.
 Ft. Lauderdale, Fla. 33305*

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

Linda M Hrou President Linda Hrou

4-10-00

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 *PRESIDENT* ☐ Delete
 NAME *Linda Hrou*
 STREET ADDRESS *1625 NE 20 AVE.*
 CITY-ST-ZIP *Ft. Land. Fla. 33305*

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

TITLE *V-President* ☐ Delete
 NAME *Sondra Loggins*
 STREET ADDRESS *12485 N. Como. Dr.*
 CITY-ST-ZIP *Tucson, Arizona 85742*

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

TITLE *MEll HROU Treasurer* ☐ Delete
 NAME
 STREET ADDRESS *720 E. Atlantic Blvd.*
 CITY-ST-ZIP *Pompano Bch. Fla. 33060*

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

TITLE *Parge O'Brien* ☐ Delete
 NAME
 STREET ADDRESS *800 SE 4th St. # 103*
 CITY-ST-ZIP *Ft. Land. Fla. 333*

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

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:

Linda Hrou *LINDA HROU PRES.*

5-1-00

854-568-4746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)