

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005486

1. Entity Name

THE OLD SPANISH TRAIL SADDLE CLUB OF SANTA ROSA *R*

Principal Place of Business

8775 HARRY DEVAUGHN RD
MILTON FL 32570

Mailing Address

8775 HARRY DEVAUGHN RD
MILTON FL 32570

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

59-3646714
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEMING, ADEN G
8775 HARRY DEVAUGHN RD
MILTON FL 32570

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME CAGLE, JIMMY
STREET ADDRESS 7095 HIGHWAY 4
CITY-ST-ZIP JAY FL 32565

TITLE D ☒ Delete
NAME GARRISON, CARTH M
STREET ADDRESS 7974 SHORT CREEK RD
CITY-ST-ZIP JAY FL 32565

TITLE D ☐ Delete
NAME BLUE, JILIAN
STREET ADDRESS 10127 EDS DRIVE
CITY-ST-ZIP MILTON FL 32570

TITLE D ☐ Delete
NAME LARSON, LARRY B
STREET ADDRESS 6953 HIGHWAY 4
CITY-ST-ZIP JAY FL 32565

TITLE D ☐ Delete
NAME FLEMING, ADEN G
STREET ADDRESS 8775 HARRY DEVAUGHN RD
CITY-ST-ZIP MILTON FL 32570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DIRECTOR ☐ Change ☒ Addition
NAME WILLIAMS, PHILIP
STREET ADDRESS 9660 AMOS CABANISS ROAD
CITY-ST-ZIP MILTON, FL 32570

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90633 046 ****61.25



DO NOT WRITE IN THIS SPACE

1037 (9/9)