2002 UNIFORM BUSINESS REPORT (UBR) FILED May 30, 2002 8:00 am[§] Secretary of State DOCUMENT # **N98000005486** 1. Entity Name THE OLD SPANISH TRAIL SADDLE CLUB OF SANTA ROSA 05-30-2002 91603 009 ****61.25 COUNTY, INC. Principal Place of Business Mailing Address 8775 HARRY DEVAUGHN RD 8775 HARRY DEVAUGHN RD MILTON FL 32570 MILTON FL 32570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3646714 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLEMING, ADEN G Street Address (P.O. Box Number is Not Acceptable) 8775 HARRY DEVAUGHN RD MILTON FL 32570 City 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. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11, 2 CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE RI J BOLTON CARRAGE LA Delete TITLE (9/04) ▼ Addition CAGLE, JIMMY NAME NAME 7095 HIGHWAY 4 STREET ADDRESS MONROEVILLE, AL 36460 STREET ADDRESS JAY FL 32565 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE DIRECTOR ☐ Change Addition BLUE, JILIAN NAME NAME VIRGLE E. BEDSOLE STREET ADDRESS 10127 EDS DRIVE 4750 GREEN POWELL STREET ADDRESS CITY-ST-ZIP MILTON FL 32570 CITY-ST-7IP 32565 TITLE Delete TITLE DIRECTOR Change ▼ Addition BARTHOLOMEW, RUSSELL NAME ŇĀME WILLIAM 9844 INDIAN FORD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE MILTON FL 32570 CITY-ST-ZIP TITLE 💢 Delete TITLE Addition FLEMING, ADEN G NAME NAME HWY 8775 HARRY DEVAUGHN RD STREET ADDRESS STREET ADDRESS MILTON, FL ろタ5フロ CITY-ST-ZIP MILTON FL 32570 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/02 (850)983 - 9684 Date Dayling Phone #