

DOCUMENT # N98000005510

1. Entity Name

CITY OF PINELLAS PARK EQUINE RIDERS, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90058 050 ****61.25

Principal Place of Business

Mailing Address

8800 60TH STREET NORTH
PINELLAS PARK FL 33782

8800 60TH STREET NORTH
PINELLAS PARK FL 33782

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 **59-3572377**
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TINGLER, CELESTE
8800 60TH STREET NORTH
PINELLAS PARK FL 33782

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
After September 13, 2000 min. will be \$236.25

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 CHRISTIAN, THERESE
CITY-ST-ZIP 6199 94TH AVENUE NORTH
PINELLAS PARK FL 33782

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS LENE JAMES
CITY-ST-ZIP 10761 64 ST NORTH
PINELLAS PARK, FL 33782

TITLE ☐ Delete
NAME V
STREET ADDRESS POWERS, GEORGANN
CITY-ST-ZIP 9595 66TH STREET NORTH
PINELLAS PARK FL 33782

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

TITLE ☐ Delete
NAME T
STREET ADDRESS FORSETH, SANFIELD
CITY-ST-ZIP 6281 86TH AVENUE NORTH
PINELLAS PARK FL 33782

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

TITLE ☒ Delete
NAME S
STREET ADDRESS PIERSON, CATHY
CITY-ST-ZIP 5418 PARKSIDE VILLAS DRIVE WEST
ST. PETERSBURG FL 33709

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS TRISH MCFARLAND
CITY-ST-ZIP 8421 62 ST. NORTH
PINELLAS PARK, FL 33781

TITLE ☐ Delete
NAME D
STREET ADDRESS DRAIN, MICHELLE
CITY-ST-ZIP 6301 86TH AVE NORTH
PINELLAS PARK FL 33782

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HUDGINS, VICKI
CITY-ST-ZIP 6310 86TH AVE NORTH
PINELLAS PARK FL 33782

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 #

8-20-00 727-546-4339

CR2E037 (5/00)