

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-18-2001 91597 027 ***61.25

DOCUMENT # N98000005510

1. Entity Name

CITY OF PINELLAS PARK EQUINE RIDERS, INC.

Principal Place of Business

8800 60TH STREET NORTH
PINELLAS PARK FL 33782

Mailing Address

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

4. FEI Number

59-3572277

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	LENE, JAMES	
STREET ADDRESS	10781 84TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

TITLE	V	<input type="checkbox"/> Delete
NAME	POWERS, GEORGANN	
STREET ADDRESS	9595 66TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

TITLE	T	<input type="checkbox"/> Delete
NAME	FORSETH, SANFIELD	
STREET ADDRESS	6281 86TH AVENUE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

TITLE	S	<input type="checkbox"/> Delete
NAME	MCFARLAND, TRISH	
STREET ADDRESS	8421 62ND ST N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	

TITLE	D	<input type="checkbox"/> Delete
NAME	DRAIN, MICHELLE	
STREET ADDRESS	6301 86TH AVE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUDGINS, VICKI	
STREET ADDRESS	6310 86TH AVE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, GEORGANN	
STREET ADDRESS	9595 66 STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

RESANFIELD FORSETH

4/26/01

727-546-4330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)