

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

0013570

**DOCUMENT # N98000005510**

1. Entity Name

**CITY OF PINELLAS PARK EQUINE RIDERS, INC.**



09-08-2003 90314 032 \*\*\*\*61.25

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

Zip

Country

Zip

Country

4. FEI Number **59-3572277**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees.**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>POWERS, GEORGANN</b>	
STREET ADDRESS	<b>9595 66TH STREET NORTH</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FORSETH, SANFIELD</b>	
STREET ADDRESS	<b>6281 86TH AVENUE NORTH</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>MCFARLAND, TRISH</b>	
STREET ADDRESS	<b>8421 62ND ST N</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33781</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DRAIN, MICHELLE</b>	
STREET ADDRESS	<b>6301 86TH AVE NORTH</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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:

**SIGNATURE REQUIRED**

9/1/03

727-546-4338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)