

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006362

1. Entity Name

PINELLAS EQUESTRIAN PARK, INCORPORATED

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90017 050 ****61.25

Principal Place of Business	Mailing Address
9700 90TH AVENUE N. LARGO FL 33777	9700 90TH AVENUE N. LARGO FL 33777-2332

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3546571	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

FLIPPIN, BARBARA
9700 90TH AVENUE N.
LARGO FL 33777

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	FLIPPIN, BARBARA	9700 90TH AVENUE N.	LARGO FL 33777	
	P WILKES, ANDREA	17421 165TH RD	LIVE OAK FL 32060	<input checked="" type="checkbox"/> Delete
	S HITE, ROBIN	7499 46TH AVENUE N.	ST. PETERSBURG FL 33709	<input checked="" type="checkbox"/> Delete
	VD WOOD, PRICILLA	8163 26TH AVENUE N.	ST. PETERSBURG FL 33710	<input type="checkbox"/> Delete
	D BURGETT, BEVERLY	1156 102 AVE	SEMINOLE FL 33778	<input checked="" type="checkbox"/> Delete
	D TAYLOR, MARY	13854 75TH AVE	SEMINOLE FL 33776	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	President + Director Richard A. Flippin	9700 90th Ave No	Largo, FL 33777	P+D
	Secretary + TREASURER Barbara Flippin	9700 90th Ave No	Largo, FL 33777	+Director S.T.+D.
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Barbara Flippin 727-397-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/30/00
TREASURER Date Daytime Phone #

CR2E037 (9/99)