

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90199 040 \*\*\*\*69.00

**DOCUMENT # N99000000665**

1. Entity Name

**HELPING TO ORGANIZE THE PLACEMENT OF EQUINE, INC**

Principal Place of Business

1540 LAKESIDE DR.  
DUNEDIN FL 34698

Mailing Address

1540 LAKESIDE DR.  
DUNEDIN FL 34698

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3560029**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CASAGRANDE, REBECCA G**  
**2325 ULMERTON RD., SUITE 12**  
**CLEARWATER FL 33762**

7. Name and Address of New Registered Agent

Name **TARA M. McDonald**

Street Address (P.O. Box Number is Not Acceptable)

**1540 Lakeside Drive**

City **Dunedin**

**FL**

Zip Code

**34698**

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

*Tara M. McDonald*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/10/01**

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 **D** ☐ Delete  
NAME **WALL, TARA M**  
STREET ADDRESS **1540 LAKESIDE DR.**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☐ Delete  
NAME **MCDONALD, ROBERT**  
STREET ADDRESS **P. O. BOX 1707**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Delete  
NAME **RAMIREZ, TRACY**  
STREET ADDRESS **5055 S. DALE MABRY**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **McDonald, TARA M.**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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:

*TARA MCDONALD*

**4/10/01 (813) 417 6382**

CR2E037 (10/00)