

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000714

1. Entity Name

FLORIDA REINED COW HORSE ASSOCIATION INC.



**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90001 006 \*\*\*\*61.25

Principal Place of Business

5906 THONOTOSASSA RD  
PLANT CITY FL 33565

Mailing Address

5906 THONOTOSASSA RD  
PLANT CITY FL 33565

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3517332

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STONE, MARVIN  
 5906 THONOTOSASSA RD  
 PLANT CITY FL 33565

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 date 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 FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
 NAME GARRETSON, WILLIAM  
 STREET ADDRESS PO BOX 1107 N/A  
 CITY-ST-ZIP LAKELAND FL 33849

TITLE D ☐ Delete  
 NAME STONE, MARVIN  
 STREET ADDRESS 5906 THONOTOSASSA RD  
 CITY-ST-ZIP PLANT CITY FL 33565

TITLE D ☐ Delete  
 NAME HUNT, DEBBIE  
 STREET ADDRESS 5906 THONOTOSASSA RD  
 CITY-ST-ZIP PLANT CITY FL 33565

TITLE D ☒ Delete  
 NAME CHANCEY, TED  
 STREET ADDRESS 1521 CRE RD  
 CITY-ST-ZIP DOVER FL 33527

TITLE D ☒ Delete  
 NAME BOYETT, BUD  
 STREET ADDRESS 7515 N SOCRUM LOOP RD  
 CITY-ST-ZIP LAKELAND FL 33809

TITLE D ☐ Delete  
 NAME HENNING, JACK  
 STREET ADDRESS PO BOX 792 N/A  
 CITY-ST-ZIP ZOLFO SPRINGS FL 33890

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE S/T ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
 NAME Doug Toney  
 STREET ADDRESS 14623 Sherrod Croft Lane  
 CITY-ST-ZIP Dade City, FL 33525

TITLE D ☐ Change ☒ Addition  
 NAME Marilee Chesak  
 STREET ADDRESS 24510 Adair Ave  
 CITY-ST-ZIP Sorrento FL 32776

TITLE D ☒ 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 #

CR2E037 (5/00)