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

## May 07, 2003 8:00 am Secretary of State DOCUMENT # N9900000714 05-07-2003 90165 007 \*\*\*\*61.25 FLORIDA REINED COW HORSE ASSOCIATION INC. Principal Place of Business Mailing Address 5906 THONOTOSASSA RD 5906 THONOTOSASSA RD PLANT CITY FL 33565 PLANT CITY FL 33565 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3517332 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STONE, MARVIN Street Address (P.O. Box Number is Not Acceptable) 5906 THONOTOSASSA RD PLANT CITY FL 33565 City Zip Code 8. The above named entity submits this statement for the purpose of changing egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete ☐ Change ☐ Addition TITLE TITLE GARRETSON, WILLIAM NAME NAME PO BOX 1107 N/A ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33849 Change ☐ Addition TITLE ☐ Delete TITLE STONE, MARVIN NAME NAME 5906 THONOTOSASSA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565 President ☐ Delete ☐ Addition TITLE TITLE HUNT, DEBBIE NAME NAME STREET ADDRESS 5906 THONOTOSASSA RD STREET ADDRESS PLANT CITY FL 33565 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ۷D Treasurer ☐ Delete TITLE TITLE JOHNSON, DON NAME NAME STREET ADDRESS STREET ADDRESS 10934 N CR 475 CITY-ST-ZIP CITY-ST-ZIP OXFORD FL 34484 TITLE ☐ Delete TITLE Change Addition CHESAK, MARILEE NAME NAME STREET ADDRESS 24510 ADAGR AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SORRENTO FL 32776 ☐ Change ☐ Addition ☐ Delete TITLE TITLE HENNIG, JACK NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 792 N/A CITY-ST-ZIP ZOLFO SPRINGS FL 33890 CITY-ST-7IP

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 feport 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:

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