

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001733

1. Entity Name

INTERNATIONAL EQUESTRIAN DRILL TEAM ALLIANCE INC

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90056 037 ****70.00

Principal Place of Business

16594 93RD RD. NORTH
 LOXAHATCHEE FL 33470-2734

Mailing Address

16594 93RD RD. NORTH
 LOXAHATCHEE FL 33470-2734

00100404



Trace

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

13833-E Four Wellington

Suite, Apt. #, etc.

P.M.B. #201

City & State

Wellington FL

Zip

33414-2116

Country

U.S.A.

4. FEI Number

65-0926931

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FIERSTAT, LESLIE L
 16594 93RD RD. NORTH
 LOXAHATCHEE FL 33470-2734

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

After September 13, 2000 min. will be \$236.25

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	<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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Executive Director
STREET ADDRESS	Leslie L. Fierstat
CITY-ST-ZIP	16594 93rd Road North
	Loxahatchee, FL 33470-2734
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President - Board of Directors
STREET ADDRESS	Peter Wright
CITY-ST-ZIP	3947 Tampico Drive
	Sarasota, FL 34235
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice-President - Board of Directors
STREET ADDRESS	John Miller
CITY-ST-ZIP	Rt. #2 Box #334-B
	Bay City, TX 77414
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Historian - Board of Directors
STREET ADDRESS	Marilyn Smith
CITY-ST-ZIP	3419 Crest Drive
	Bakersfield, CA 93306
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary appointment (pending)
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sergeant-at-Arms appointment
STREET ADDRESS	(pending)
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:

Leslie L. Fierstat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

(561) 333-8509

Daytime Phone #

CR2E037 (5/00)