

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90006 015 ****70.00

DOCUMENT # N99000001733

1. Entity Name

INTERNATIONAL EQUESTRIAN DRILL TEAM ALLIANCE INC

Principal Place of Business

16594 93RD RD. NORTH
 LOXAHATCHEE FL 33470-2734

Mailing Address

13833 E FOUR WELLINGTON TRACE
 #201
 WEST PALM BEACH FL 33414

2. Principal Place of Business

2141 "B" Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Loxahatchee Florida

City & State

Zip

33470

Country

Zip

Country

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

Leslie L. Fierstat

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

(NOTE: Registered Agent signature required when reinstating)

06/05/01

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	<input type="checkbox"/> Delete
NAME	FIERSTAT, LESLIE	
STREET ADDRESS	16594 93RD RD N	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, PETER	
STREET ADDRESS	3947 TAMPICO DR	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MILLER, JOHN	
STREET ADDRESS	RT 2 BOX 334-B	
CITY-ST-ZIP	BAY CITY TX 77414	
TITLE	Historian - pending	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Regional Director - Region #3	<input type="checkbox"/> Delete
NAME	Pending	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Regional Director	<input type="checkbox"/> Delete
NAME	Region #4 - pending -	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Dr. Nancy Deuel-Toby	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	24700 Deepwater Point	
STREET ADDRESS	Unit #16	
CITY-ST-ZIP	St. Michaels, MD 21663-2327	
TITLE	S/Sgt. Brian D. Culp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	885 Explorer Lane	
STREET ADDRESS	Orleans Ontario	
CITY-ST-ZIP	CANADA K1C 2S3	
TITLE	Tricia Scheibler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	127 Kearney Avenue	
STREET ADDRESS	Liverpool, NY 13088	
CITY-ST-ZIP	Regional Region	
TITLE	Regional Director - Region #2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy A. Cobb	
STREET ADDRESS	13940 Hopewell Road	
CITY-ST-ZIP	Alpharetta, GA 30004	
TITLE	Regional Director - Region #5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Toavs	
STREET ADDRESS	470 Boynton Avenue Apt. #3	
CITY-ST-ZIP	San Jose, CA 95117	
TITLE	Regional Director - Region #6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	pending -	
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:

Leslie L. Fierstat

June 05, 2001 (561)333-8509

CR2E037 (10/00)



Attachment
D#N9900001733
AW3736

June 11, 2001

DEPARTMENT OF STATE
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: **N9900001783**

Dear Examiner:

This is to inform you that we (a) wish to amend some Articles of Incorporation and (b) the Internal Revenue Service is mandating that we add an additional three more. Please see the attached for the changes.

Thank you,

Leslie L. Fierstat
Founder & Executive Director

Enclosures