2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State
06-04-2002 90203 032 ****70.00

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1. Entity Name

INTERNATIONAL EQUESTRIAN DRILL TEAM ALLIANCE INC

Principal Place of Business
2141 B ROAD
LOXAHATCHEE FL 33470-2734

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10342 Fox Trail Road South
Suite, Apt. #, etc.: 1407
City & State: Royal Palm Beach
Zip: 33411
Country: Palm Beach

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
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 — 05/31/02
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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	Regional Director ☐ Change ✓ Addition
NAME	FIERSTAT, LESLIE	NAME	Pamela Wasserman
STREET ADDRESS	16594 93RD RD N	STREET ADDRESS	4876 N. Wasserman Way
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	Salina, KS 67401
TITLE	PD ☐ Delete	TITLE	Regional Director ☐ Change ✓ Addition
NAME	WRIGHT, PETER	NAME	Kathy Cobb
STREET ADDRESS	3947 TAMPICO DR	STREET ADDRESS	13940 Hopewell Road
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP	Alpharetta, GA 30004
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, JOHN	NAME	
STREET ADDRESS	RT 2 BOX 334-B	STREET ADDRESS	
CITY-ST-ZIP	BAY CITY TX 77414	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEUEL-TOBY, DR. NANCY	NAME	
STREET ADDRESS	24700 DEEPWATER POINT, UNIT 16	STREET ADDRESS	
CITY-ST-ZIP	SAINT MICHAELS MD 21663-2327	CITY-ST-ZIP	
TITLE	SAA ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CULP, S/SGT. BRIAN	NAME	
STREET ADDRESS	885 EXPLORER LANE	STREET ADDRESS	
CITY-ST-ZIP	ORLEANS ONTARIO, CANADA K1-C2S3	CITY-ST-ZIP	
TITLE	RD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHEIBLER, TRICIA	NAME	
STREET ADDRESS	127 KEARNEY AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LIVERPOOL NY 13088	CITY-ST-ZIP	

CR2E037 (9/01)

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 — Leslie L. Fierstat — 05/31/02 — (561)758-0192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #