

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90096-044-\$61.25-\$61.25

DOCUMENT # N99000002067

1. Entity Name

OCALA DRAFT HORSE SHOW, INC.

APPROVED  
AND  
FILED

00 MAR -1 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6890 N.W. CTY. RD. 316  
REDDICK FL 32686

Mailing Address

6890 N.W. CTY. RD. 316  
REDDICK FL 32686

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Non applicable

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOERIGTER, DELORES  
6890 N.W. CTY. RD. 316  
REDDICK FL 32686

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

Delores Boerigter

Delores Boerigter

Feb. 28, 2000

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Don Castagnasso	
STREET ADDRESS	13809 N.E. 150th Ave.	
CITY-ST-ZIP	Fort McCoy, Florida 32134	
TITLE	Secretary-Treasurer	<input type="checkbox"/> Delete
NAME	Delores Boerigter	
STREET ADDRESS	6890 N.W. CTY RD 316	
CITY-ST-ZIP	REDDICK, Florida 32686	
TITLE	Sack Dunn	<input type="checkbox"/> Delete
NAME	10397 SE. 176th St	
STREET ADDRESS	Summerville, FL 34491	
CITY-ST-ZIP		
TITLE	Bernie Hepler	<input type="checkbox"/> Delete
NAME	1100 NE 120th St	
STREET ADDRESS	Ocala, FL 34479	
CITY-ST-ZIP		
TITLE	Sack Boerigter	<input type="checkbox"/> Delete
NAME	6890 NW County Rd 316	
STREET ADDRESS	Reddick, FL 32686	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

1-24-00

352-591-4029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)