

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002067

1. Entity Name

OCALA DRAFT HORSE SHOW, INC.

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

NOT 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

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	P	<input type="checkbox"/> Delete
NAME	CASTAGNASSO, DON	
STREET ADDRESS	13809 N.E. 150TH AVE.	
CITY-ST-ZIP	FORT MCCOY FL 32134	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOERIGTER, DELORES	
STREET ADDRESS	6890 N.W. COUNTY ROAD 316	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOERIGTER, JACK	
STREET ADDRESS	6890 N.W. COUNTY ROAD 316	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, JACK	
STREET ADDRESS	10397 S.E. 176TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEFNER, BERNIE	
STREET ADDRESS	1100 N.E. 120TH ST.	
CITY-ST-ZIP	OCALA FL 34479	
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
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
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 9, 2001 352 -  
591-4029

FILED  
Jan 20, 2001 8:00 am  
Secretary of State

01-20-2001 90007 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

0090473

CR2E037 (10/00)