

2002 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



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For

☒ Not Applicable5. 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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****P** ☐ Delete
CASTAGNASSO, DON
13809 N.E. 150TH AVE.
FORT MCCOY FL 32134**ST** ☐ Delete
BOERIGTER, DELORES
6890 N.W. COUNTY ROAD 316
REDDICK FL 32686**D** ☐ Delete
BOERIGTER, JACK
6890 N.W. COUNTY ROAD 316
REDDICK FL 32686**D** ☐ Delete
DUNN, JACK
10397 S.E. 176TH ST.
SUMMERFIELD FL 34491**D** ☐ Delete
HEFNER, BERNIE
1100 N.E. 120TH ST.
OCALA FL 34479☐ Delete

CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

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**January 7, 2002****352 -
591-4029**

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CR2E037 (9/01)