2000 UNIFORM BUSINESS REPORT (UBR)

5/5/3

FILED
Aug 08, 2000 8:00 am
Secretary of State
05-30-2000 90044 011 ****70.00

DOCUMENT # N99000002471

1. Entity Name

PALM BEACH COUNTY EQUESTRIAN COMMISSION, INC.

Principal Place of Business	Mailing Address
222 LAKEVIEW AVENUE. STE 1200 WEST PALM BEACH FL 33401	222 LAKEVIEW AVENUE. STE 1200 WEST PALM BEACH FL 33401-6149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10055 Heritage Blvd.	P.O. Box 6959
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth FL	City & State: Lake Worth
Zip: 33467 Country: Palm Beach	Zip: 33466 Country: Palm Beach

4. FEI Number: 65-0920399 — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, DAVID 134 SATINWOOD LANE PALM BEACH GARDENS FL 33410	Name: Don Rice Street Address (P.O. Box Number is Not Acceptable): Farm Credit 10055 Heritage Blvd P.O. Box 5559 City: Lake Worth FL Zip Code: 33467

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: _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Blayne Adams 14332 Coco Plum Rd Palm Beach Gardens 33418 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Don Rice, Treasure D P.O. Box 5559 Lake Worth FL 33467 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. D Dean Turney 8567 Southern Blvd West Palm Beach FL 33411 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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 4/29/00 561 965-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #