

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90145 013 ****61.25

DOCUMENT # **N99000002471**

1. Entity Name
PALM BEACH COUNTY EQUESTRIAN COMMISSION, INC.



Principal Place of Business
**222 LAKEVIEW AVENUE, STE 1200
WEST PALM BEACH FL 33401**

Mailing Address
**222 LAKEVIEW AVENUE, STE 1200
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

P.O. Box 5559

Suite, Apt. #, etc.

c/o Farm Credit

City & State
Lake Worth FL

Zip
33466

Country
Palm Beach



CHECK HERE IF MAKING CHANGES

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

**RICE, DON
6450 ROCK CREEKE DR
LAKE WORTH FL 33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Don Rice*

2/2/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | RICE, DON | |
| STREET ADDRESS | P O BOX 5559 | |
| CITY-ST-ZIP | LAKE WORTH FL 33466 | |
| TITLE | VC | <input type="checkbox"/> Delete |
| NAME | GREENE, JAMES | |
| STREET ADDRESS | 2835 POLO ISLAND DR # H-101 | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | MISCHE, GENE | |
| STREET ADDRESS | 144 40 PIERSON | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MCPHAIL, WALTER | |
| STREET ADDRESS | 10 CYPRESS GROVE LANE | |
| CITY-ST-ZIP | LOXAHATCHEE FL 33478 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | PERIN, ELLIEHAL | |
| STREET ADDRESS | 1400 CENTRAL PARK BLVD. | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BOWMAN, DICK | |
| STREET ADDRESS | 16668 WINNERS CR | |
| CITY-ST-ZIP | DELRAY BEACH FL 33446 | |

| | | |
|----------------|--|---|
| 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 | | |

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: *Don Rice* **SIGNATURE REQUIRED**

2/2/03

561 965 9007

CR2E037 (10/02)