

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N99000004369**

1. Entity Name

**GOOD HOPE EQUESTRIAN TRAINING CENTER, INC.**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90163 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~670 TIMOTHY J. MURPHY, ESQ.  
 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.  
 MIAMI FL 33131~~

~~670 TIMOTHY J. MURPHY, ESQ.  
 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.  
 MIAMI FL 33131~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**22155 SW 147 Ave.**

3. Mailing Address

**P.O. Box 900160**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Homestead, FL**

4. FEI Number

**65-0945018**

Applied For  
 Not Applicable

Zip  
**33170**

Country  
**USA**

Zip  
**33090-0160**

Country  
**USA**

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THRASHER, CONNIE</b>	
STREET ADDRESS	<b>26401 S.W. 173RD PLACE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33031</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>QUILLIAN, WARREN DR.</b>	
STREET ADDRESS	<b>305 GRANELLO AVE.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAGGETT, WILLIAM</b>	
STREET ADDRESS	<b>16390 S.W. 248TH ST.</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33031</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EPLING, ROBERT</b>	
STREET ADDRESS	<b>28801 S.W. 157TH AVE.</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

**SIGNATURE REQUIRED**

**4-24-00**

**305-247-3544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)