

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

FILED
Jul 17, 2003 8:00 am
Secretary of State
07-17-2003 90027 008 ****70.00

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1. Entity Name
GOOD HOPE EQUESTRIAN TRAINING CENTER, INC.



Principal Place of Business

22155 SW 147 AVE
MIAMI FL 33170

Mailing Address

PO BOX 700016
MIAMI FL 33170

2. Principal Place of Business

22155 SW 147th Ave.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 700016
Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, FL.

Zip
33170

Country
U.S.

Zip
33170

Country
U.S.

4. FEI Number **65-0945018**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CORPORATION COMPANY COMPANY OF MIAMI
1600 MIAMI CENTER
201 S BSCAYNE BLVD.
MIAMI FL 33131

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

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	QUILLIAN, WARREN DR.	
STREET ADDRESS	305 GRANELLO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGGETT, WILLIAM	
STREET ADDRESS	16390 S.W. 248TH ST.	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	<input type="checkbox"/> Delete
NAME	EPLING, ROBERT	
STREET ADDRESS	28801 S.W. 157TH AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, MANNY	
STREET ADDRESS	8401 DUNDEE TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	O	<input type="checkbox"/> Delete
NAME	Elias Nancy	
STREET ADDRESS	7685 S.W. 153rd Street	
CITY-ST-ZIP	Miami, FL 33157	
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	

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: Margaret M. O'Toole **DATE:** 7/9/03 **PHONE:** (305) 358-2838

CR2E037 (4/03)