

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N99000005372

1. Entity Name

WICKHAM EQUESTRIAN SADDLE CLUB, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

Principal Place of Business

2500 PARKWAY DR.  
MELBOURNE FL 32935

Mailing Address

2500 PARKWAY DR.  
MELBOURNE FL 32935-2335

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 120614

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32912-0614

Country

U.S.A.

4. FEI Number

59-3613231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURGER, ROBERT T

1901 HWY A1A, SUITE 6

INDIAN HARBOUR BEACH FL 32937

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 \$61.25**

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

TITLE PD  
NAME MCCALLISTER, LEIGH  
STREET ADDRESS 2619 LORNA DRIVE  
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE VD  
NAME PORTS, BRIDGET  
STREET ADDRESS 1340 HALL ROAD  
CITY-ST-ZIP MALABAR FL 32950 ☒ Delete

TITLE STD  
NAME STEWART, JENNIFER  
STREET ADDRESS 2089 LANSING STREET  
CITY-ST-ZIP MELBOURNE FL 32935 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME Jacqui Woods  
STREET ADDRESS 2108 Santa Lucia Circle  
CITY-ST-ZIP Melbourne, FL 32935 ☒ Change ☐ Addition

TITLE S/VD  
NAME Sharon B. Lifford  
STREET ADDRESS 9 Nina Jean Drive  
CITY-ST-ZIP W. Melbourne, FL 32904 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

321-254-5495

Date

Daytime Phone #

CR2E037 (9/99)

SP