

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90014 003 ****61.25

DOCUMENT # N99000005372

1. Entity Name

WICKHAM EQUESTRIAN SADDLE CLUB, INC.

Principal Place of Business

**2500 PARKWAY DR.
 MELBOURNE FL 32935**

Mailing Address

**P.O. BOX 120614
 MELBOURNE FL 32912-0614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3613231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

TITLE **VD** ☐ Delete
 NAME **WOODS, JACQUI**
 STREET ADDRESS **2105 SANTA LUBIA CIRCLE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **STD** ☐ Delete
 NAME **LIFORD, SHARON B**
 STREET ADDRESS **9 NINA JEAN DRIVE**
 CITY-ST-ZIP **N. MELBOURNE FL 32904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **Jeff Prichardt**
 STREET ADDRESS **2462 St. Johns Lane**
 CITY-ST-ZIP **Melbourne, Fl. 32935**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Joe Guiccione**
 STREET ADDRESS **3535 Harlock Road**
 CITY-ST-ZIP **Melbourne, Fl. 32934**

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

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

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

TITLE ☐ Change ☐ 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: *Sharon B. Liford* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 321-254-5495 x
 Date Daytime Phone # **3004**

CR2E037 (10/00)