

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90017 031 ****61.25

DOCUMENT # N99000005372

1. Entity Name

WICKHAM EQUESTRIAN SADDLE CLUB, INC.

Principal Place of Business

Mailing Address

**2500 PARKWAY DR.
 MELBOURNE FL 32935**

**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

7. Name and Address of New Registered Agent

**BURGER, ROBERT T
 1901 HWY A1A, SUITE 6
 INDIAN HARBOUR BEACH FL 32937**

Name

Sharon B. Liford

Street Address (P.O. Box Number is Not Acceptable)

9 Nina Jean Rd

City

Melbourne

FL

Zip Code

32904

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

Sharon B. Liford

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-6-02

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PRICHARDT, JEFF	
STREET ADDRESS	2462 ST. JOHNS LANE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GUCCIONE, JOE	
STREET ADDRESS	3535 HARLOCK ROAD	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LIFORD, SHARON B	
STREET ADDRESS	9 NINA JEAN DRIVE	
CITY-ST-ZIP	N. MELBOURNE FL 32904	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leigh McCallister	
STREET ADDRESS	216 Gladiola Rd	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Prichardt	
STREET ADDRESS	2462 St Johns Lane	
CITY-ST-ZIP	Melbourne FL 32935	
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:

Sharon B. Liford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-6-02

Daytime Phone #

321-254-5495
x3004

CR2E037 (9/01)