

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006630

1. Entity Name

NORTH AMERICAN REGISTRY OF THE IRISH HORSE, INCO

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90043 005 ****61.25

Principal Place of Business

Mailing Address

4300 S.W. BOAT RAMP AVE.
PALM CITY FL 34990

4300 S.W. BOAT RAMP AVE.
PALM CITY FL 34990-5303

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

65 0981904

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

Name

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

City

FL

Zip Code

BARIS, E. BARBARA
870 S.W. MARTIN DOWNS BLVD.
PALM CITY FL 34990

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	D	<input type="checkbox"/> Delete
NAME	BARIS, E. BARBARA	
STREET ADDRESS	4300 S.W. BOAT RAMP AVE.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEARY, JAMES	
STREET ADDRESS	HC 75 BOX 271	
CITY-ST-ZIP	NAMY NM 87540	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNIKKO, JOSEPH	
STREET ADDRESS	4300 S.W. BOAT RAMP AVE.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, BARBARA	
STREET ADDRESS	8021 LAUREL BEND	
CITY-ST-ZIP	SAN ANTONIO TX 78250	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAWECK, SANDRA	
STREET ADDRESS	8550 E. OLD ST. ANTONIO RD.	
CITY-ST-ZIP	BRYAN TX 77808	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAY, WENDY	
STREET ADDRESS	615 CYNTHIANA RD.	
CITY-ST-ZIP	PARIS KY 40361	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Dye	
STREET ADDRESS	206 Connell Hill Rd	
CITY-ST-ZIP	Pomeroy WA 99347	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorian Arledge	
STREET ADDRESS	1200 Historic Lane	
CITY-ST-ZIP	Aubrey, TX 76227	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurie Monroe	
STREET ADDRESS	4286 Camario Ct	
CITY-ST-ZIP	Moorestown, CA 93021	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shiela O'Keefe	
STREET ADDRESS	14 Rembroke Grove	
CITY-ST-ZIP	Charles Town, WV 25414	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Marden-Lester	
STREET ADDRESS	6790 East HW 21	
CITY-ST-ZIP	Bryan, TX 77808	
TITLE		<input type="checkbox"/> Change <input checked="" 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)(l), 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 of Barbara E. Baris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/00

561 253 0084

CR2E037 (9/99)