

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000006630****1. Entity Name****NORTH AMERICAN REGISTRY OF THE IRISH HORSE, INCORPORAT
ED****Principal Place of Business**

4300 S.W. BOAT RAMP AVE.

PALM CITY
34990

FL

Mailing Address

4300 S.W. BOAT RAMP AVE.

PALM CITY
34990

FL

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

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 _____ **05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

E. Barbara Baris

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)