2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N99000006673 Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** WINDMILL STABLES, INC. 03-01-2000 90059 008 ****61.25 Mailing Address Principal Place of Business 8000 PETERS RD 8000 PETERS RD PLANTATION FL 33324-4030 PLANTATION FL 33324 3. Mailing Address 2. Principal Place of Business 2600 Windmill Ranch Road 2600 Windmill Ranch Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0963224 Weston, FL Not Applicable Weston, FL -Zip + _ Zip Country Country__ \$8.75 Additional 5. Certificate of Status Desired Fee Required 33331 33331 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Steven W.</u> <u>Deutsch,</u> Street Address (P.O. Box Number is Not Acceptable) 7805 S. W. 6th Court DEUTSCH, STEVEN W 8000 PETERS RD PLANTATION FL 33324 Zip Code 33324 Plantation 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE D TITLE DAN MARINO BRAUN, DAVID NAME NAME STREET ADDRESS 3415 Stallion Lane 1601 N PALM AVE, SUITE 301 STREET ADDRESS CITY-ST-ZIP Weston, FL 33331 CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Change ■ Addition TITLE D ☐ Delete TITLE MAY, FRANK NAME NAME STREET ADDRESS STREET ADORESS 1601 N PALM AVE. SUITE 301 -CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ABBATE, FLORIO NAME NAME STREET ADDRESS STREET ADDRESS 13925 NW 60TH AVE CITY-ST-7IP CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truetge entry professed 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 Ath all other like emplowered

RECDavid F. Braun

SIGNATURE:

2/9/00

Date

Daytime Phone #