

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90067 026 *****61.25

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DOCUMENT # N99000006673

1. Entity Name

WINDMILL STABLES, INC.

Principal Place of Business

Mailing Address

2600 WINDMILL RANCH RD
 WESTON FL 33331

2600 WINDMILL RANCH RD
 WESTON FL 33331

LUU4176J



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0963224

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEUTSCH, STEVEN W
 7805 SW 6TH CT
 PLANTATION FL 33324

Name **SHARON MCGLINCHY**

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

4517 S.W. 34th TERR

City

FT LAUDERDALE

FL

Zip Code

33312

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BRAUN, DAVID**
 CITY-ST-ZIP **1601 N PALM AVE, SUITE 301
 PEMBROKE PINES FL 33026**

TITLE ☐ Change ☒ Addition
 NAME **P**
 STREET ADDRESS **SHARON MCGLINCHY**
 CITY-ST-ZIP **4517 SW 34th TERR.
 FT LAUDERDALE FL 33312**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MAY, FRANK**
 CITY-ST-ZIP **1601 N PALM AVE, SUITE 301
 PEMBROKE PINES FL 33026**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ABBATE, FLORIO**
 CITY-ST-ZIP **13925 NW 60TH AVE
 MIAMI LAKES FL 33014**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MARINO, DAN**
 CITY-ST-ZIP **3415 STALLION LN
 WESTON FL 33331**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01 954-384-3040

Date Day/Time Phone #

CR2E037 (10/00)