

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006673

1. Entity Name

WINDMILL STABLES, INC.

Principal Place of Business

2600 WINDMILL RANCH RD  
WESTON FL 33331

Mailing Address

2600 WINDMILL RANCH RD  
WESTON FL 33331

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

65-0963224

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

MCGLINCHY, SHARON  
4517 SW 34TH TERRACE  
FORT LAUDERDALE FL 33312

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

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

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

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

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

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

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

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

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

TITLE P ☐ Delete  
NAME MCGLINCHY, SHARON  
STREET ADDRESS 4517 SW 34TH TERRACE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON MCGLINCHY

4-12-02

Date

954 260-6378

Daytime Phone #

CR2E037 (9/01)