

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90002 027 ****61.25

DOCUMENT # **N99000006751**

1. Entity Name

OFF - Track Thoroughbred Equine Retraining Center

Principal Place of Business

Mailing Address

6270 Staley Farms Road
Fort Myers Fl. 33905

00087324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gemini Brittany Pledger
6270 Staley Farms Road
Fort Myers Fl. 33905

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

Gemini Brittany Pledger

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Gemini Brittany Pledger	
STREET ADDRESS	6270 Staley Farms Road	
CITY-ST-ZIP	Fort Myers, FL. 33905	
TITLE	Vice President Laurie Hurdle	<input checked="" type="checkbox"/> Delete
NAME	6270 Staley Farms Rd	
STREET ADDRESS	Fort Myers Fl. 33905	
CITY-ST-ZIP	Fort Myers Fl. 33905	
TITLE	Director Suzanne Bonnell	<input checked="" type="checkbox"/> Delete
NAME	6270 Staley Farms Rd	
STREET ADDRESS	Fort Myers Fl. 33905	
CITY-ST-ZIP	Fort Myers Fl. 33905	
TITLE	Director Pamela Reilly	<input checked="" type="checkbox"/> Delete
NAME	6270 Staley Farms Rd	
STREET ADDRESS	Fort Myers Fl. 33905	
CITY-ST-ZIP	Fort Myers Fl. 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Vice President Robert C. Brar	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6270 Staley Farms Rd		
STREET ADDRESS	Fort Myers Fl. 33905		
CITY-ST-ZIP	Fort Myers Fl. 33905		
TITLE	Director Sherri L. Johnson	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6270 Staley Farms Rd		
STREET ADDRESS	Fort Myers Fl. 33905		
CITY-ST-ZIP	Fort Myers Fl. 33905		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input 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)(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:

Gemini Brittany Pledger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-11-00 941-693-5831

CR2E037 (9/99)