

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
 Zip Country Zip Country

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Gemini Brittany Pledger
6270 Staley Farms Road
Fort Myers Fl. 33905

7. Name and Address of New Registered Agent
 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	Laurie Hurdle	
STREET ADDRESS	6270 Staley Farms Rd	
CITY-ST-ZIP	Fort Myers Fl. 33905	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Suzanne Bonnell	
STREET ADDRESS	6270 Staley Farms Rd	
CITY-ST-ZIP	Fort Myers Fl. 33905	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Pamela Reilly	
STREET ADDRESS	6270 Staley Farms Rd	
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	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert C. Braten	
STREET ADDRESS	6270 Staley Farms Rd	
CITY-ST-ZIP	Fort Myers Fl. 33905	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherri L. Johnson	
STREET ADDRESS	6270 Staley Farms Rd	
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* 9-11-00 941-693-5831
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)