

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90008 035 ****61.25

DOCUMENT # N99000006751

1. Entity Name
OFF-TRACK THOROUGHBRED EQUINE RETRAINING CENTER.

Principal Place of Business Mailing Address

6270 STALEY FARMS RD **6270 STALEY FARMS RD**
FT MYERS FL 33905 **FT MYERS FL 33905**

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 **NOT APPLICABLE** 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

PLEDGER, GEMINI B
6270 STALEY FARMS RD
FT 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PLEDGER, GEMINI B	
STREET ADDRESS	6270 STALEY FARMS RD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HURDLE, LAURIE	
STREET ADDRESS	6270 STALEY FARMS RD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONNELL, SUZANNE	
STREET ADDRESS	6270 STALEY FARMS RD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REILLY, PAMELA	
STREET ADDRESS	6270 STALEY FARMS RD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	Sherri Johnson	
STREET ADDRESS	6270 Staley Farms Rd	
CITY-ST-ZIP	Ft Myers Fl. 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	Robert C. Braren	
STREET ADDRESS	6270 Staley Farms Rd	
CITY-ST-ZIP	Ft Myers Fl. 33905	

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		<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		
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: *[Handwritten Signature]*

7-25-01 941-643-5831

CR2E037 (5/01)