

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000006947

1. Entity Name

CENTRAL FLORIDA APPALOOSA HORSE CLUB, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90005 028 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
 721 LAKE DEXTER CIR.      P. O. BOX 1154  
 WINTER HAVEN FL 33884      DUNDEE FL 33838

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3622338

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIRBY, PHYLLIS B  
 1220 JETTA PT.  
 OVIEDO FL 32765

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

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

Phyllis B. Kirby

(NOTE: Registered Agent signature required when reinstating)

March 25, 2000

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

TITLE      D      ☐ Delete  
 NAME      TORRES, MARCI  
 STREET ADDRESS      721 LAKE DEXTER CIR.  
 CITY-ST-ZIP      WINTER HAVEN FL 33884

TITLE      D      ☒ Delete  
 NAME      INKS, RICK  
 STREET ADDRESS      5503 BAKER DAIRY RD.  
 CITY-ST-ZIP      HAINES CITY FL 33844

TITLE      D      ☒ Delete  
 NAME      OPALESKI, ANDY  
 STREET ADDRESS      16520 NW HWY. 225  
 CITY-ST-ZIP      REDDICK FL 32686

TITLE      ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE      D      ☐ Change ☒ Addition  
 NAME      Rhonda Tyndal  
 STREET ADDRESS      135 Hainesport Avenue  
 CITY-ST-ZIP      Lake Alfred, FL 33850

TITLE      D      ☐ Change ☒ Addition  
 NAME      Phyllis B. Kirby  
 STREET ADDRESS      1220 Jetta Point  
 CITY-ST-ZIP      Oviedo, FL 32765

TITLE      D      ☐ Change ☒ Addition  
 NAME      Linda Cirincione  
 STREET ADDRESS      19504 Pine Valley Road  
 CITY-ST-ZIP      Odessa, FL 33556

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

TITLE      ☐ Change ☐ Addition  
 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)(j), 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:

**NOT REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00  
 Date

(863)439-6976  
 Daytime Phone #

CR2E037 (9/99)