

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90252 040 \*\*\*\*61.25

**DOCUMENT # N99000006947**

1. Entity Name

**CENTRAL FLORIDA APPALOOSA HORSE CLUB, INC.**



Principal Place of Business

**MARGE KECK  
P.O. BOX 527  
KATHLEEN FL 33849**

Mailing Address

**MARGE KECK  
P.O. BOX 527  
KATHLEEN FL 33849**

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3622338**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**KECK  
KACK, MARGE  
8319 KATHLEEN ROAD  
LAKELAND FL 33810**

7. Name and Address of New Registered Agent

Name **SAME**

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. I am familiar with, and accept the obligations of registered agent. **NO CHANGE**

SIGNATURE **MARGE KECK**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**02-10-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD (Director)** ☐ Delete  
NAME **WOOD, ELLY**  
STREET ADDRESS **7285 SW 72ND COURT**  
CITY-ST-ZIP **OCALA FL 34476**

TITLE **D** ☒ Delete  
NAME **PIETRANGELO, JOE**  
STREET ADDRESS **26101 SW 167TH AVE**  
CITY-ST-ZIP **MIAMI FL 33031**

TITLE **S** ☐ Delete  
NAME **KACK, MARGE (KECK)**  
STREET ADDRESS **8319 KATHLEEN ROAD**  
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **D** ☐ Delete  
NAME **LESOUSKY, LYNN**  
STREET ADDRESS **16520 NW HWY 225**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE **TD (Director)** ☐ Delete  
NAME **LEONARD, DOT**  
STREET ADDRESS **8240 GREENLEAF CIR**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **D** ☐ Delete  
NAME **CREMEANS, GLENN**  
STREET ADDRESS **7200 SW 15TH PL**  
CITY-ST-ZIP **OCALA FL 34475**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **RUSTY BRYANT**  
STREET ADDRESS **4293 BRITTANY LANE**  
CITY-ST-ZIP **BROOKESVILLE, FL 34602**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **Babs Rockhill**  
STREET ADDRESS **10042 ROCK RIDGE RD**  
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Barbara Wilkie**  
STREET ADDRESS **11 LOST CREEK LANE**  
CITY-ST-ZIP **ORLANDO, BEACH, FL. 32174**

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)(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 REQUIRED**

**02-10-03**

**863-284-1787**

CR2E037 (10/02)