

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90503 043 ***150.00

DOCUMENT # P00000002284

1. Entity Name

SCHALAMAR CREEK STABLES, INC.

Principal Place of Business

2025 SYLVESTER RD., P-4
LAKELAND FL 33803

Mailing Address

2025 SYLVESTER RD., P-4
LAKELAND FL 33803

2. Principal Place of Business

4500 U.S. Hwy 92 E

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1122

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Edon Park FL

Zip

33801

Country

USA

Zip

33840

Country

USA

4. FEI Number

59-3623053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HRUBESCH, JAMES
2025 SYLVESTER RD., P-4
LAKELAND FL 33803

Name

James Hrubesch

Street Address (P.O. Box Number is Not Acceptable)

2025 1 Lake Hollingsworth Dr #6

City

Lakeland

FL

Zip Code

33803

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HRUBESCH, JAMES
2025 SYLVESTER RD., P-4
LAKELAND FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Hrubesch James
1 Lake Hollingsworth Dr #6
Lakeland FL 33803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
VAN DERMAAS, JERRY
3368 KILMER DR.
LAKELAND FL 33803 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/01 (863)665-1988

Daytime Phone #

CR2E034 (10/00)