

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003441

1. Entity Name

RENEGADE STABLES, INC.

Principal Place of Business

520 HARBOR GATE WAY
LONGBOAT KEY FL 34228-3502

Mailing Address

520 HARBOR GATE WAY
LONGBOAT KEY FL 34228-3502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ONEIL, BECKY
520 HARBOR GATE WAY
LONGBOAT KEY FL 34228-3502

7. Name and Address of New Registered Agent

Name

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

City

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.

(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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D ONEIL, BECKY
520 HARBOR GATE WAY
LONGBOAT KEY FL 34228-3502 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
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CITY-STATE-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

12.

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Div William Oneil
520 Harbor Gate Way
Longboat, Key, FL 34228-3502 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D/P JAMES BAX
6565 BULFORDSIDE DR
LONGBOAT KEY FL 34228 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D/S BILL LINDAVER
2807 THOMASVILLE RD
TALLAHASSEE FL 32311 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D BOB MORRIS
1400 KENILWORTH ST
SARASOTA FL 34231 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-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

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90061 012 ***150.00

538889



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0974101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0406937