

2001 UNIFORM BUSINESS REPORT (UBR)

07-12-2001 90122 026 ****88.75

DOCUMENT # P00000012194

1. Entity Name
BUCKINGHAM TRAINING STABLES, INC.

FILED

01 AUG -6 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14501 WEST HAL COURT
FORT MYERS FL 33905

Mailing Address
14501 WEST HAL COURT
FORT MYERS FL 33905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

15-0983305

Zip

Country

Zip

Country

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

WRIGHT, LINDA D
14501 WEST HAL COURT
FORT MYERS FL 33905

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

Linda D. Wright

7/4/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
*President
Linda D. Wright
14501 W. Hal Ct
Ft. Myers, FL 33905*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
*Vice President
Kathrin Staab Wright
14501 W. Hal Ct.
Ft. Myers, FL 33905*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
*500004547285
-08/21/01-01080-028
*****61.25 *****61.25*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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:

Linda D. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/01

Date

941-693-7888

Daytime Phone #

CR2E034 (5/01)

10/2

Buckingham Training Stables, Inc.
14501 West Hal Court
Ft. Myers, Florida 33905
Telephone: 941-693-7888 Fax: 941-332-0411

July 28, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

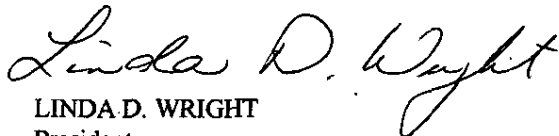
Reference Number: P00000012194

Gentlemen:

I am enclosing my check in the amount of \$61.25, which represents the balance of the fee of \$150.00. I am disputing the late charge, as I received no correspondence other than the report, which was filed with my prior check. I do not believe I should be penalized for acts of the United States mail nor the State of Florida. I hope you agree and file the report as submitted.

Your assistance in this matter is greatly appreciated.

Sincerely yours,



LINDA D. WRIGHT
President
ldw/w
Enclosure