2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State
06-26-2002 90072 042 ***150.00
07-28-2002 90173 015 ***400.00

DOCUMENT # P00000096406

1. Entity Name
SANDBAR HORSE FACILITY, INC.

Principal Place of Business	Mailing Address
LOT 13 & 14 MATTIDDA	P.O.BOX 121588
GROVELAND FL 34736	CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11329 Mattioda Rd	11329 Mattioda Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Groveland,
City & State Groveland, FL	City & State FL
Zip 34736 Country US	Zip 34736 Country US

4. FEI Number 59-3682046 ☐ 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
LEISNER, MARY P	Name MARY P. LEISNER (RA his name not changed mailing address did)
114 SIVERTON	Street Address (P.O. Box Number is Not Acceptable) 11329 Mattioda Rd
CLERMONT FL 34712	City Groveland, FL **FL** Zip Code 34736

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.

SIGNATURE M. Leisner DATE 7-24-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 13, 2002 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	D LEISNER, RICHARD K 114 SILVERTON ST CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leisner, Richard K 11329 Mattioda Rd Groveland, FL 34736	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEISNER, MARY P 114 SILVERTON ST CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEISNER, MARY P 11329 Mattioda Rd Groveland, FL 34736	☑ Change ☐ Addition
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
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

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 REQUIRED Mary P Leisner 7-24-02 407-467-1964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

6/26/2002-90072-042-$150.00-$150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096406 /675386 [redacted]

1. Entity Name
SANDBAR HORSE FACILITY, INC.

Attachment

[redacted]

Principal Place of Business
LOT 13 & 14 MATTIODA
GROVELAND FL 34736

Mailing Address
P.O.BOX 121589
CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 11329 Mattioda Rd
Suite, Apt. #, etc.
City & State: Groveland FL
Zip: 34736
Country:

3. Mailing Address: 11329 Mattioda Rd
Suite, Apt. #, etc.
City & State: Groveland, FL
Zip: 34736
Country:

4. FEI Number 59-3682046 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEISNEF, MARY P
114 SIVE N
CLERMON FL 34712

7. Name and Address of New Registered Agent

Name: Mary P. Leisner
Street Address (P.O. Box Number is Not Acceptable): 11329 Mattioda Rd
City: Groveland FL Zip Code: 34736

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] DATE: 7-01-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	D LEISNER, RICHARD K 114 SILVERTON ST CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11329 Mattioda Rd Groveland, FL 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEISNER, MARY P 114 SILVERTON ST CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11329 Mattioda Rd Groveland, FL 34736	☒ Change ☐ Addition
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
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

CR2E034 (9/01)

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] Mary P. Leisner 6-11-02 352-429-8224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/23/02

Reference # P000200964006 675386 Attachment

To Whom this may concern:

Enclosed is the $400 late fee. I just spoke to an operator on the VBR phone number given. She informed me to enclose the VBR that is due in Sept with this package.

I sent the report to my account in Feb/Mar? with my year end taxes late - I have had three mailing addresses since my move to FL. 114 Silverton St, Clermont, FL
PO Box 121067, Clermont, FL
PO Box 121588, Clermont, FL

Now my permanent address is

11329 Mattioda Rd
Groveland, FL 34736

Things have been a little crazy but should settle since we have moved into our two year project (house ☺)

Thanks for your help & believe me - next year this report will not be late

Mary L. Lisner

Attachment

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 28, 2002

SANDBAR HORSE FACILITY, INC.
11329 MATTIODA RD.
GROVELAND, FL 34736

Subject: **SANDBAR HORSE FACILITY, INC.**

Reference Number: **P00000096406** / e753816

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is $150.00 plus $400.00 late fee for a total of $550.00. If a certificate of status is desired, please add an additional $8.75.

There is a balance due of $400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sm
ANNUAL REPORTS SECTION