

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 28, 2002 8:00 am
Secretary of State

03-29-2002 90198 048 ***150.00

DOCUMENT # P01000014163

1. Entity Name

TIMBERLINE BOARDING & HORSE VACATIONS, INC.

Principal Place of Business

**29575 KEENE ROAD
 ALTOONA FL 32702**

Mailing Address

**PO BOX 34
 ALTOONA FL 32702**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

**HARBISON, GARY R
 29575 KEENE ROAD
 ALTOONA FL 32702**

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

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HARBISON, GARY R	
STREET ADDRESS	PO BOX 34	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HARBISON, DEBORAH K	
STREET ADDRESS	PO BOX 34	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **GARY R. HARBISON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02

Date

352-669-7756

Daytime Phone #

609-7756

CR2E034 (9/01)

Attachment 30350

PO1000014163

Form **SS-4****Application for Employer Identification Number**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)**TIMBERLINE BOARDING & HORSE VACATIONS, INC.****2** Trade name of business (if different from name on line 1)**3** Executor, trustee, "care of" name**4a** Mailing address (street address) (room, apt., or suite no.)**P.O. BOX 35****5a** Business address (if different from address on lines 4a and 4b)**29575 KEENE ROAD****4b** City, state, and ZIP code**ALTOONA, FL 32702****5b** City, state, and ZIP code**ALTOONA, FL 32702****6** County and state where principal business is located**MARION COUNTY, FLORIDA****7** Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► **261-86-6612****GARY R. HARBISON****8a** Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☒ Other corporation (specify) ► **SERVICE COMPANY**☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country
(if applicable) where incorporatedState
FLORIDA

Foreign country

9 Reason for applying (Check only one box.) (see instructions)☒ Started new business (specify type) ►
SERVICES - HORSE BOARDING☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►**10** Date business started or acquired (month, day, year) (see instructions)**01/16/01****11** Closing month of accounting year (see instructions)**DECEMBER 31****12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ►**N/A****13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions) ►Nonagricultural
0Agricultural
0Household
0**14** Principal activity (see instructions) ► **SERVICES - HORSE BOARDING****15** Is the principal business activity manufacturing?
If "Yes," principal product and raw material used ►☐ Yes☒ No**16** To whom are most of the products or services sold? Please check one box.☒ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☐ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business?☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(352) 669-7756

Fax telephone number (include area code)

()Name and title (Please type or print clearly.) ► **GARY R. HARBISON, President**Signature ► **Gary R. Harbison**Date ► **2-14-01**

Note: Do not write below this line. For official use only.

Please leave
blank ►

Geo.

Ind.

Class

Size

Reason for applying

Attachment 30350

PO1000014163

**HARTMAN, HARTMAN & O'BRIEN, P.A.
537 NORTH UMATILLA BOULEVARD
UMATILLA, FLORIDA 32784-8434**

Robert L. Hartman, E.A.
Martha C. Hartman, E.A.
William K. O'Brien, CPA

(352) 669-5515
Fax (352) 669-3329
E-Mail: rhartman@mpinet.net

April 30, 2002

Division of Corporations
Annual Reports Section
P. O. Box 6327
Tallahassee, FL 32314

RE: Timberline Boarding & Horse Vacations, Inc.
P01000014163

Sirs:

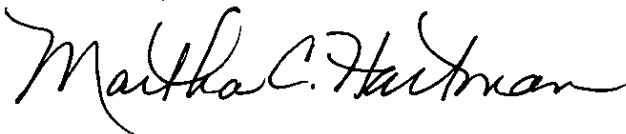
We have again contacted Internal Revenue Service to obtain the Federal Employer Identification (FEI) number for the above corporation. To date, we have had no response.

I am enclosing a copy of the original Form SS-4 where the business applied for the number. Also enclosed is the copy of the 2002 UBR that you sent to us along with a copy of the letter.

As soon as we obtain the FEIN, we will send it to you with a letter.

Thank you for your assistance in this matter.

Sincerely,



Martha C. Hartman
Accountant for the corporation

Enclosures