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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

Jan 31, 2002 8:00 am P01000067371 DOCUMENT # **Secretary of State** 1. Entity Name 01-31-2002 90038 033 ***150.00 HAROLD BERZON STABLES, INC. Principal Place of Business Mailing Address **6 CAYUGA LANE** 6 CAYUGA LANE SEA RANCH LAKES FL 33308 SEA RANCH LAKES FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-112300 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERZON, KAYE Street Address (P.O. Box Number is Not Acceptable) 6 CAYUGA LANE SEA RANCH LAKES FL 33308 Zip Code City FL 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 بخمرا SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE ☐ Change BERZON, KAYE NAME NAME **6 CAYUGA LANE** STREET ADDRESS STREET ADDRESS CITY-ST-7/P SEA RANCH LAKES FL 33308 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME BERZON, ALISON NAME STREET ADDRESS STREET ADDRESS **6 CAYUGA LANE** CITY-ST-7IP CITY-ST-ZIP SEA RANCH LAKES FL 33308 TITLE ☐ Delete TITLE ☐ Change Addition NAME CANNON, TERRELL NAME STREET ADDRESS STREET ADDRESS 6 CAYUGA LANE CITY-ST-7IP CITY-ST-7IP SEA RANCH LAKES FL 33308 ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.