

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90130 012 ***150.00

DOCUMENT # P01000110214

1. Entity Name
FLORIDA HORSE CENTER, INC.



Principal Place of Business
3830-4 WILLIAMSBURG PARK BLVD
JACKSONVILLE FL 32257

Mailing Address
3830-4 WILLIAMSBURG PARK BLVD
JACKSONVILLE FL 32257

2. Principal Place of Business
18823 229th Drive

3. Mailing Address
18823 229th Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Live Oak, FL

City & State
Live Oak, FL

Zip
32060

Country
USA

Zip
32060

Country
USA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number
59-3758287

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLS, CYNTHIA L
3830-4 WILLIAMSBURG PARK BLVD
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

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

18823 229th Drive

City
Live Oak

FL

Zip Code
32060

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
NICHOLS, CYNTHIA L
3830-4 WILLIAMSBURG PARK BLVD
JACKSONVILLE FL 32257

☐ **Delete**

TITLE
VP
BROWN, MELANIE W
3830-4 WILLIAMSBURG PARK BLVD
JACKSONVILLE FL 32257

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
18823 229th Drive
Live Oak, FL 32060

☒ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
18823 229th Drive
Live Oak, FL 32060

☒ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CYNTHIA L NICHOLS

2-18-03

386
776-1417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #