APR-28-03 10:49 PM FAMILY READINESS 305

FILED
May 29, 2003 8:00 am
Secretary of State
05-01-2003 91010 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P02000046463

1. Entity Name
REDLAND RIDING ACADEMY, INC.

55044374

Principal Place of Business	Mailing Address
15305 SW 260 ST HOMESTEAD, FL 33032 6209	15305 SW 260 ST HOMESTEAD, FL 33032-6209

2. Principal Place of Business / 3. Mailing Address
Suite, Apt. #, etc. / Suite, Apt. #, etc.
City & State / City & State
Zip / Country / Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0677926 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALBERT, DEBORAH
137 NW 20 ST
HOMESTEAD, FL 33030-2224

7. Name and Address of New Registered Agent

Name
Street Address (P.O. box Numbers 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ Date

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $350.00
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

Title / Name / Street Address / City-St-Zip	DPS RANDOLPH, SUSAN P 15305 SW 260 ST HOMESTEAD, FL 330326209	☐ Delete
Title / Name / Street Address / City-St-Zip	DVT RANDOLPH, JOHN E 15305 SW 260 ST HOMESTEAD, FL 330326209	☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Title / Name / Street Address / City-St-Zip	☐ Change ☐ Add
Title / Name / Street Address / City-St-Zip	☐ Change ☐ Add
Title / Name / Street Address / City-St-Zip	☐ Change ☐ Add
Title / Name / Street Address / City-St-Zip	☐ Change ☐ Add
Title / Name / Street Address / City-St-Zip	☐ Change ☐ Add
Title / Name / Street Address / City-St-Zip	☐ Change ☐ Add

CR2E052 (1/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fla. Stat. 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: Susan P. Randolph 4-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL BELOW OF SIGNING OFFICER OR DIRECTOR — Date