

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-07-2003 90216 010 ***150.00

DOCUMENT # P02000111927



1. Entity Name
JOCEY'S HORSE FARM, INC.

Principal Place of Business
**C/O RICHARD COTTER
6100 ESTERO BLVD
FT MYERS BEACH FL 33931**

Mailing Address
**C/O RICHARD COTTER
6100 ESTERO BLVD
FT MYERS BEACH FL 33931**

2. Principal Place of Business
17561 Winkler Road (L1)
Suite, Apt. #, etc.

3. Mailing Address
11050 Summerlin Square Dr.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Myers, Florida

City & State
Fort Myers Beach, FL

4. FEI Number
54-2090482

Applied For
☐ Not Applicable

Zip Country
33908 Lee

Zip Country
33931 LEE

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

**COTTER, RICHARD T
6100 ESTERO BLVD
FT MYERS BEACH FL 33931**

Name
James T. Mufall
Street Address (P.O. Box Number is Not Acceptable)
11050 Summerlin Square Drive
City
Fort Myers Beach, FL Zip Code
33931

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D MUFALL, JAMES T
6100 ESTERO BLVD
FT MYERS BEACH FL 33931** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**11050 Summerlin Square Drive
Fort Myers Beach, Florida 33931** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03
Date

Daytime Phone #

CR2E034 (10/02)