

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 10, 2001 08:00 AM****Secretary of State****DOCUMENT # P27550**1. Entity Name
ADOPT-A-HORSE, LTD., INC.Principal Place of Business
7609 W. JOSEPHINE RD
SEBRING FL 33872
Mailing Address
7609 W. JOSEPHINE RD
LAKE PLACID FL 33852 US

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
22-2954282
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PRICE DETORE JUDY
7609 W JOSEPHINE RD
LAKE PLACID FL 33852 US
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 **JUDY PRICE DETORE** 01/10/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATEFILE NOW:
FEE IS \$61.25
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	PRICE MYRTLE E	324 ANGELL RD	LINCOLN RI 02865	<input type="checkbox"/>	<input type="checkbox"/>
D	DETORE CHUCK	7609 WEST JOSEPHINE RD	LAKE PLACID FL 33852	<input type="checkbox"/>	<input type="checkbox"/>
D	WHITTAKER HELEN	132 PRADO CT	SEBRING FL 33870	<input type="checkbox"/>	<input type="checkbox"/>
D	JONES DON MD	3603 FAIRWAY	SEBRING FL 33872	<input type="checkbox"/>	<input type="checkbox"/>
PDT	PRICE DETORE JUDY	7609 WEST JOSEPHINE RD	LAKE PLACID FL 33852	<input type="checkbox"/>	<input type="checkbox"/>
D	JONES DON MD	1 CAPTAIN KIDD LANE	WINTER HAVEN FL 33880	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: **Judy Price Detore** PDT 01/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)