

FILED  
Mar 11, 2002 8:00 am  
Secretary of State

03-11-2002 90072 050 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P93000005694** ✓

1. Entity Name  
**BRAEBURN EQUESTRIAN CENTER, INC.**

**420301**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**150 SW 118TH AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**150 SW 118TH AVE.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PLANTATION FL**

City & State  
**PLANTATION FL**

4. FEI Number  
**65-0395402**

Applied For  
☐ Not Applicable

Zip  
**33325**

Country  
**US**

Zip  
**33325**

Country  
**US**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**ANITA VAN HEZEWYK**

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

**150 SW 118TH AVE.**

City **PLANTATION** **FL** Zip **33325**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE **PSD**  
NAME **ANITA VAN HEZEWYK**  
STREET ADDRESS **150 SW 118TH AVE.**  
CITY-ST-ZIP **PLANTATION FL 33325**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

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

**2/27/02** **954/476-5927**  
Date Daytime Phone #

CR2E034B (12/01)