

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90210 047 \*\*\*150.00

DOCUMENT # P94000053138

1. Entity Name  
DREAM CATCHER STABLES, INC.



Principal Place of Business  
9252 NW 63RD STREET  
OCALA FL 34482

Mailing Address  
PO BOX 1025  
GRANGER IN 46530-1025

2. Principal Place of Business

20114 N. HWY 329

3. Mailing Address

1728 EAGLE POINT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MICANOPY FL

City & State

SOUTH BEND, IN

4. FEI Number

59-3291873

Applied For

Not Applicable

Zip

Country

32667-7632 USA

Zip

Country

46628-4023 USA

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

WILLIAMS, JOAN M  
9252 NW 63RD STREET  
OCALA FL 34482

Name

LYNDA K. THOMPSON

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

20114 N. HWY 329

City

MICANOPY

FL

Zip Code

32667-7632

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

4-25-03

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 PD  
NAME WILLIAMS, JOAN M  
STREET ADDRESS PO BOX 1025  
CITY-ST-ZIP GRANGER IN 46530-1025 ☐ Delete

TITLE PD  
NAME WILLIAMS, JOAN M  
STREET ADDRESS 1728 EAGLE POINT DR  
CITY-ST-ZIP SOUTH BEND, IN 46628-4023 ☐ Change ☐ Addition

TITLE S  
NAME WILLIAMS, JOAN M  
STREET ADDRESS PO BOX 1025  
CITY-ST-ZIP GRANGER IN 46530-1025 ☐ Delete

TITLE S  
NAME WILLIAMS, JOAN M  
STREET ADDRESS 1728 EAGLE POINT DR  
CITY-ST-ZIP SOUTH BEND, IN 46628-4023 ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN M. WILLIAMS 4/27/03 574-271-1940

Date

Daytime Phone #

CR2E034 (10/02)