

FILED
Jul 18, 2003 8:00 am
Secretary of State

6/27

06-27-2003 90052 033 ***150.00

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

DOCUMENT # 994000068267

1. Entity Name

Windemere Equestrian Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6900 Morse Ave

Suite, Apt. #, etc.

3. Mailing Address

4684 Pinegate rd

Suite, Apt. #, etc.

55051599

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Orange Park FL

4. FEI Number

59-3265933

Applied For

Not Applicable

Zip 32244

Country

USA

Zip

32073

Country

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

Teresa Rapp

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

4684 Pinegate rd

City

Orange Park FL

Zip Code

32073

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

Teresa Rapp

6-25-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

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	<u>President</u>
NAME	<u>TERESA RAPP</u>
STREET ADDRESS	<u>4684 Pinegate rd</u>
CITY-ST-ZIP	<u>ORANGE PARK FL 32073</u>
TITLE	<u>VICE President</u>
NAME	<u>TERESA GAGLIARDO</u>
STREET ADDRESS	<u>6900 Morse Ave</u>
CITY-ST-ZIP	<u>JACKSONVILLE FL 32244</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 or without other like empowered.

SIGNATURE:

Teresa Rapp

6-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Teresa Rapp

6-25-03

CR2E034B (12/01)