

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038963

1. Entity Name

LAKE ASBURY RIDING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

176 WALLER WAY  
GREEN COVE SPRINGS FL 32043

176 WALLER WAY  
GREEN COVE SPRINGS FL 32043-9596

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

59-3325635

Applied For

Not Applicable

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

MCGOWAN, MAEELINE  
176 WALLER WAY  
GREEN COVE SPRINGS FL 32043

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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	MCGOWAN, MADELINE	176 WALLER WAY	GREEN COVE SPRINGS FL 32043				
VP	MANLY, KAY	420 WESLEY ROAD	GREEN COVE SPGS FL				
S	BOONE, GAIL	468 TAYLOR AVE.	ORANGE PARK FL				
D	SCOTT, SUSAN	459 HOPE HULL	GREEN COVE SPRINGS FL 32043				

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

MADELINE MCGOWAN

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

3/13/00

904 542-1000 X111

Date

Daytime Phone #

CR2E034 (9/99)