

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023960

1. Entity Name

AVALON RIDING ACADEMY INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90298 049 \*\*\*150.00

Principal Place of Business

Mailing Address

5051 VAN DYKE RD  
LUTZ FL 33549

5051 VAN DYKE RD  
LUTZ FL 33549-4899

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

NOT APPLICABLE

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

FYKE, PAMELA  
5051 VAN DYKE RD  
LUTZ FL 33549

Name Pamela A Roush

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

5051 Van Dyke Rd

City Lutz

FL

Zip Code 33549

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

Pamela A. Roush

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

(NOTE: Registered Agent signature required when reinstating)

1/6/00

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 P ☐ Delete  
NAME FYKE, PAMELA  
STREET ADDRESS 5051 VAN DYKE RD.  
CITY-ST-ZIP LUTZ FL

TITLE Pamela A Roush ☒ Change ☐ Addition  
NAME 5051 Van Dyke Rd  
STREET ADDRESS Lutz FL 33549  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME FYKE, JIMMY  
STREET ADDRESS 5051 VAN DYKE RD.  
CITY-ST-ZIP LUTZ FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 employed.

SIGNATURE:

Pamela A. Roush  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00 813-962-2292  
Date Daytime Phone #

CR2E034 (9/99)