

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091263

1. Entity Name

HOBBY HORSE TOURS, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90073 049 ***150.00

Principal Place of Business

1444 NORMANDY LANE
PALM HARBOR FL 34683
US

Mailing Address

P.O. BOX 741
PALM HARBOR FL 34682-0741
US

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

59-3417904

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

MATTHIESSEN, ANKE
5511 90TH AVENUE NORTH
PINELLAS PARK FL 33782

Name

ANKE MATTHIESSEN

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

27088 Richbarn Road

City

Brooksville

FL

Zip Code

34601

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

ANKE MATTHIESSEN President

Anke Matthy Pres.

3-12-2000

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	VS	<input type="checkbox"/> Delete
NAME	PROULX, ROBERT	
STREET ADDRESS	1444 NORMANDY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MATTHIESSEN, ANKE	
STREET ADDRESS	1444 NORMANDY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VS, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Proulx, Robert	
STREET ADDRESS	1444 Normandy Lane	
CITY-ST-ZIP	PALM HARBOR, FL. 34683	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHIESSEN, ANKE	
STREET ADDRESS	27088 RICHBARN ROAD	
CITY-ST-ZIP	Brooksville, FL. 34601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

Anke Matthy Pres. ... ANKE MATTHIESSEN

Date

3-12-2000

Daytime Phone #

352-754-9258

CR2E034 (9/99)