

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103602

1. Entity Name

NIALL BRENNAN STABLES, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90069 009 \*\*\*150.00

Principal Place of Business

Mailing Address

9119 NW HIGHWAY 225-A  
 OCALA FL 34482

9119 NW HIGHWAY 225-A  
 OCALA FL 34482-1272

2. Principal Place of Business

3. Mailing Address

*9505 W Hwy 326*  
 Suite, Apt #, etc.

*9119 NW Highway 225 A*  
 Suite, Apt #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1665890

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

Zip *34482* Country *Marion*

Zip *34482* Country *Marion*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWSON, FRAN K.C.  
 520 SE FORT KING STREET  
 SUITE A-4  
 OCALA FL 34471

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)

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  Delete  
 NAME PD  
 BRENNAN, NAILL  
 STREET ADDRESS 9119 NW HIGHWAY 225A  
 CITY-ST-ZIP OCALA FL 34482

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME STD  
 MANCUSO, LARRAINE  
 STREET ADDRESS 3541 SE 31ST TERR  
 CITY-ST-ZIP OCALA FL 34471

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 BRENNAN, IAN M  
 STREET ADDRESS 9119 NW HIGHWAY 225A  
 CITY-ST-ZIP OCALA FL 34482

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lorraine T. Marcus*

Date

*4/27/00*

Daytime Phone #

*3521 732-7459*

CR2E034 (9/99)