

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90126 023 ***150.00

DOCUMENT # P97000037109

1. Entity Name

FLORIDA HORSE FARM, INC.

Principal Place of Business

5117 CASTELLO DR
 SUITE 1
 NAPLES FL 34103
 US

Mailing Address

5117 CASTELLO DR
 SUITE 1
 NAPLES FL 34133-0279
 US

00040578



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28000 Spanish Wells Blvd
 Suite, Apt. #, etc.
 200

3. Mailing Address

P.O. Box 279
 Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

65-0750387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~AMBURN, JAMES W~~
~~5117 CASTELLO DR~~
~~SUITE 1~~
~~NAPLES FL 34103~~

7. Name and Address of New Registered Agent

Name

28000 Spanish Wells Blvd
 Suite 200
 Bonita Springs FL 34135

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

TITLE **D**
 NAME **HEGI, PETRA**
 STREET ADDRESS **RITTERFELDDAMM 35A**
 CITY-ST-ZIP **BERLIN, GERMANY 14069**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVTS**
 NAME **HEGI, PETRA**
 STREET ADDRESS **15170 MALLARD LN. N**
 CITY-ST-ZIP **FT. MYERS, FL 33913**

☒ Change ☐ Addition

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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:

Petra Hegi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00
 Date

941-992-3355
 Daytime Phone #

CR2E034 (9/99)