

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90047 009 ***150.00

DOCUMENT # P97000038172

1. Entity Name

FLOWER DRUM DRESSAGE STABLES, INC.

Principal Place of Business

Mailing Address

8359 N.E. JACKSONVILLE ROAD
OCALA FL 34479

8359 N.E. JACKSONVILLE ROAD
OCALA FL 34479-1321

2. Principal Place of Business

OCALA

3. Mailing Address

8359 NE JACKSONVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

4. FEI Number

59-3446429

Applied For

Not Applicable

Zip

34479

Country

USA

Zip

Country

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

COLLIER, THOMAS W JR, ESQ
112 N FLORIDA AVENUE
DELAND FL

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 ☐ Delete
NAME **D**
STREET ADDRESS **MEERMANN, JOHANNES H**
CITY-ST-ZIP **8359 N.E. JACKSONVILLE ROAD**
OCALA FL 34479

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BUTLER, ERICA MARIA**
CITY-ST-ZIP **8359 N.E. JACKSONVILLE ROAD**
OCALA FL 34479

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR EC34 (5/99)

P97000038172

661037

FLOWER DRUM DRESSAGE



STABLES, INC.

8359 N.E. Jacksonville Rd.

Ocala, FL 34479

352-401-0665

Hans & Erica Meermann

Ocala 5-18-2000

Dear Mr. or Mrs.

Private reasons made it impossible for us
to send you the form & check before today.

We have been in the Netherlands untill the 16 of May
for family reasons.

We hope you understand this and do not send us
the extra penalty bill over \$550,-

We thank you for your cooperation

Kind regards

Hans and Erica Meermann