2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State
06-04-2001 90019 046 ***150.00

DOCUMENT # P97000062595

1. Entity Name

CROWNPOINTE EQUESTRIAN CENTRE, INC.

Principal Place of Business	Mailing Address
8459 BAY HILL BLVD ORLANDO FL 32819	8459 BAY HILL BLVD ORLANDO FL 32819-4932

D0057505

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14810 Tilden Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden FL	City & State
Zip: 34777 Country: US	Zip Country

4. FEI Number ~~NOT APPLICABLE~~ 59-3616701 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BINGLER, ANNE L
411 N DONNELLY ST
SUITE 207
MT DORA FL 32756

7. Name and Address of New Registered Agent

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]
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 NAME STREET ADDRESS CITY-ST-ZIP	VP BINGLER, ANNE 8459 BAY HILL BLVD ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LONGWELL, MARK 8459 BAY HILL BLVD ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Anne L. Bingler 4/25/00 (352)735-6938

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Attachment
~~#P97000062595~~
D005 7505

DOCUMENT # P97000062595

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[redacted]

DO NOT WRITE IN THIS SPACE

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden FL	City & State
Zip: 34787 (34777) Country: US	Zip / Country

4. FEI Number ~~NOT APPLICABLE~~ 59-3611801 ☒ 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
BINGLER, ANNE L 411 N DONNELLY ST SUITE 207 MT DORA FL 32756	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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SIGNATURE: _____ 4/25/01
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BINGLER, ANNE 8459 BAY HILL BLVD ORLANDO FL 32819	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LONGWELL, MARK 8459 BAY HILL BLVD ORLANDO FL 32819	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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SIGNATURE: _____ Anne L. Bingler 4/25/00 (352)735-6938
Anne L Bing 4/25/01 (407) 758-4461