

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074829

1. Entity Name
KSG QUARTER HORSES, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90152 010 ***550.00

Principal Place of Business

2303 GERRY RD
SARASOTA FL 34243
US

Mailing Address

7304 LINKS CT
SARASOTA FL 34243
US

2. Principal Place of Business

7360 Rim Rd
Suite, Apt. #, etc.

3. Mailing Address

7304 Links Ct.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL.

City & State

SARASOTA FL.

4. FEI Number

65-0803471

Applied For

Not Applicable

Zip

34240

Country

SARASOTA

Zip

34243

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, KATHY
7304 LINKS CT.
SARASOTA FL 34243

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

Kathy Goodman
Signature, typed or printed name of registered agent and title if applicable.

Kathy Goodman
(NOTE: Registered Agent signature required when reinstating)

7/17/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME GOODMAN, KATHY
STREET ADDRESS 7304 LINKS CT.
CITY-ST-ZIP SARASOTA FL 34243

TITLE D ☐ Delete
NAME GOODMAN, SARA
STREET ADDRESS 7304 LINKS CT.
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Kathy Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00
Date

941-359-0462
Daytime Phone #