2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90421 015 ***150.00

DOCUMENT # P97000095559

1. Entity Name

ERROL EQUESTRIAN CENTER, INC.

Principal Place of Business	Mailing Address
359 LESTER RD. SUITE 1201-240 APOPKA FL 32712 US	931 N. STATE ROAD 434 SUITE 1201-240 ALTAMONTE SPRINGS FL 32714-7022

649125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	457 APRIL LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc. NONE
City & State	City & State APOPKA FL
Zip / Country	Zip 32712 / Country USA

4. FEI Number 59-3479860 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, MICHAEL T
931 N. STATE ROAD 434
SUITE 1201-240
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name MURPHY, LAURA R.
Street Address (P.O. Box Number is Not Acceptable) 457 APRIL LANE
City APOPKA FL Zip Code 32712

8. The above ... the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Laura R. Murphy LAURA R Murphy 4/18/00
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	PTD MURPHY, LAURA R. 931 N. STATE ROAD 434, SUITE 1201-240 ALTAMONTE SPRINGS FL 32714 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MURPHY, LAURA R. 457 APRIL LANE APOPKA, FL 32712 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD MURPHY, MICHAEL T 931 N. STATE ROAD 434, SUITE 1201-240 ALTAMONTE SPRINGS FL 32714 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD MURPHY, MICHAEL T. 457 APRIL LANE APOPKA, FL 32712 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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

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: Laura R Murphy, LAURA R. Murphy 4/18/00 (407) 886-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)