2000 UNIFORM BUSINESS REPORT (UBR)					FILED Jul 07, 2000 8:00 am				
DOCUI  1. Entity Nam	MENT # <b>P970000</b>	99181			•	Secreta	ary of S	tate	
ASHMOR	RE EQUESTRIAN CENTER, INC	<b>,</b>					90009 023 ***5		
Principal Place	e of Business	Mailing Address							
A MAGNO	LIA HOMES RD 2001	8801-A MAGNOLIA HOMES RD ORLANDO FL 32703-8924							
MOVED		WONED							
2. Principal Place of Business 7700 STOME ROAD		3. Mailing Address 7700 STOKE RAPO							
Suite, Apt. #, etc. APOPKA FLORIDA		Suite, Apt. #, etc.  APOPKA, FLOKLOA				DO NOT WRITE			
City & State	e '	City & State		<b>4.</b> F	El Number	65-0808227	No	oplied For ot Applicable	
3970?	S USA	<sup>Zip</sup> 3>703	Country	<b>5.</b> C	Certificate o	f Status Desired	S8.75 Add Fee Require	ditional d	
	6. Name and Address of Current Re	egistered Agent	Name	- 7. N	lame and	Address of New Reg	istered Agent		
1010	(, HILDA ) ayrshire st ando fl 32803		Street Addre	ess (P.O. Bo	ox Number	is Not Acceptable)			
טאט	ANDO FL 32003		City			<u> </u>	FL Zip Cod	le	
• The above	named entity submits this statement for t	the nurnose of changing its	registered office or rec	nistered and	ent or both	in the State of Florid			
SIGNATURE .	Signalure, typed or printed name of registered agent and		Registered Agent signature re			<u> </u>	DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. برائد on back)	After MAY 1, 20	!! FEE IS \$150.00 00 Fee will be \$550. le to Department of			tion Campaign Finan t Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND D	IRECTORS Delete	12.	AD	DITIONS/0	CHANGES TO OFFICE	RS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HICK, H 1010 AYRSHIRE ST ORLANDO FL 32803	Detete	NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS	0112415012 32300	☐ Delete	TITLE NAME STREET ADDRESS				_ ☐ Change	Addition	
CITY-ST-ZIP	and the second of the second o	The second of th	CITY-ST-ZIP			 	Change	` — Addition	
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	
CITY-ST-ZIP TITLE	<u>-</u>	` Delete	CITY-ST-ZIP TITLE			<u> </u>	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	•		NAME STREET ADORESS CITY-ST-ZIP		*.		<b></b>		
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
indicated of the cor changed	certify that the information supplied with to on this report or supplemental report is to reporation or the receiver or trustee empower, or on an attachment with an address with a supplemental report in the receiver or trustee empower, or on an attachment with an address with a supplemental report in the receiver of	rue and accurate and that revered to execute this report the all other like empowered.	ny signature shall have as required by Chapte	e the same i	leαal eπect	i as it made under oat	n; that I am an office ippears in Block 11 o	r or airector 1	
SIGNAT	SIGNATURE AND TYPED OR PRI	INTED NAME OF SIGNING OFFICER	• • • • • • • • • • • • • • • • • • • •			Dale	Daytime Phone #		