

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050320

1. Entity Name

THE LAST CHANCE QUARTER HORSE RANCH, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90045 041 \*\*\*150.00

Principal Place of Business

3516 SHORELINE CIRCLE  
PALM HARBOR FL 34684

1040 SE. 59TH ST.  
OCALA, FL. 34480

Mailing Address

3516 SHORELINE CIRCLE  
PALM HARBOR FL 34684-1728

1040 SE. 59TH ST.  
OCALA, FL. 34480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3508695

Applied For

Not Applicable

Zip

Country

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

LABRECQUE, EDWARD C  
1202 NEBRASKA AVENUE  
PALM HARBOR FL 34683

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 CANATSEY, PATRICIA  
CITY-ST-ZIP 3516 SHORELINE CIRCLE 1040 SE. 59TH ST.  
PALM HARBOR FL 34684 Ocala, FL. 34480

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CANATSEY, MICHAEL  
CITY-ST-ZIP 3516 SHORELINE CIRCLE 1040 S.E. 59TH ST.  
PALM HARBOR FL 34684 Ocala, FL. 34480

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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 #

MICHAEL O. CANATSEY 2-14-00 352-291470

CR2E034 (9/99)