

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052884

1. Entity Name
CANNON CREEK STABLES, INC.

Principal Place of Business Mailing Address
2005 BENNETT ROAD 2005 BENNETT ROAD
ST. AUGUSTINE FL 32092 ST. AUGUSTINE FL 32092

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90010 015 ***150.00

003786



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3560479 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

KELNER, JOYCE B
2005 BENNETT ROAD
ST. AUGUSTINE FL 32092

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, 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, 2001 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

TITLE DP
NAME KELNER, THOMAS A
STREET ADDRESS 2005 BENNETT ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☐ Delete

TITLE DST
NAME KELNER, JOYCE B
STREET ADDRESS 2005 BENNETT ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☐ Delete

TITLE VP
NAME KELNER, JEREMIAH A.S.
STREET ADDRESS 2005 BENNETT ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☒ Delete

TITLE VP
NAME Kelner, Joel T
STREET ADDRESS 2005 Bennett Rd
CITY-ST-ZIP St Augustine, FL 32092 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0450862

CR2E034 (10/00)

4-29-01 04-824-4627