2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000052945 **DOCUMENT #**

1. Entity Name

FALLS RACING STABLES, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90260 024 ***150.00

GO WE THE

Principal Place 3170 S OCEAN PALM BEACH F	BLVD		Mailing Address 580 VILLAGE BLVD STE 300 WEST PALM BEACH FL 33409							
2. Principal Pla	ce of Business	3. Mailing Address	3. Mailing Address				 		188 1 1 111 1881	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	65-1843614			plied For t Applicable	
Zip	Country Zip Co			try	5. (5. Certificate of Status Desired Sa.75 Additional Fee Required				
	6. Name and Address of Curre	nt Registered Agent			7. N	lame and Address of New Regist	ered Ag	ent		
				Name	15 A				ľ	
GERSON, G	HARY N BEACH LKS BLVD STE 1200			Street Addre	ess (P.O. B	ox Number is Not Acceptable)				
	BEACH FL 33401					30*1 .				
WEO! I ALI	, DEAGHTE GOTO	•		City			FL	Zip Code	•	
SIGNATURE FILE	ignature, typed or printed name of resistered age E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department	0	TE: Registere	d Agent signature re	quired when re	instating) 9. Election Campaign Financin Trust Fund Contribution.	DATE		O May Be to Fees	
		ID DIRECTORS	11.		ΔΩ.	DITIONS/CHANGES TO OFFICER	S AND D	IRECTORS	S IN 11	
10.)	Delete	TITLE			BITONS/OFFANGES TO OFFICER		Change	Addition	
	DENHOLTZ, JACK W	□ Delete	NAM				_			
	B170 S OCEAN BLVD		STRE CITY							
	PALM BEACH FL 33480									
TITLE NAME STREET ADDRESS	PALTER, BURTON M 2000 S OCEAN BLVD STE 507 PALM BEACH FL 33480	□ Delete					[Change	Addition	
TITLE NAME STREET ADDRESS		Delete		ET ADDRESS	ng.	- · ·	_ [Change	Addition	
CITY-ST-ZIP			_	-ST-ZIP		<u> </u>		Change	Addition	
TITLE		☐ Delete	TITLI				L	_ Change	□ Vodilion	
NAME STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP	•			-ST-ZIP						
TITLE	All Adventures	☐ Delete	TITL	I			[Change	Addition	
NAME			NAM STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		•		-ST-ZIP						
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NAME		FTI DRIGIG	NAM				L			
STREET ADDRESS				EET ADDRESS						
CITY-\$T-ZIP	•		CITY	-ST-ZIP						
12. I hereby ce	ertify that the information supplied	ith this filing does not qualify for	or the exe	mption stated	in Section	119.07(3)(i), Florida Statutes. I furth	ner certify	y that the ir	formation	

indicated on this report or supplemental report is tude 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 emperators are required by Chapter 697, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all their like empowered.

SIGNATURE:

SIGNÁÍUÄÉ REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIG

14-WY-0100

Daytime Phone #