

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087014

Entity Name

EQUESTRIAN PROPERTIES, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90028 009 \*\*\*150.00

Principal Place of Business		Mailing Address	
251 ROYAL PALM WAY, SUITE 602 PALM BCH FL 33480		251 ROYAL PALM WAY, SUITE 602 PALM BCH FL 33480-4339	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		65-0874506		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DE MENDOZA, MARIO G III 251 ROYAL PALM WAY, SUITE 602 PALM BCH FL 33480				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		MENDOZA, MARIO G III	NAME		DE MENDOZA, MARIO G., III
STREET ADDRESS		251 ROYAL PALM WAY, SUITE 602	STREET ADDRESS		251 Royal Palm Way, Suite 602
CITY-ST-ZIP		PALM BCH FL 33480	CITY-ST-ZIP		Palm Beach, FL 33480
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		CONNELLY, KAREN	NAME		CONNELLY, KAREN
STREET ADDRESS		13334 POLO CLUB RD #216	STREET ADDRESS		13334 Polo Club Rd, #216
CITY-ST-ZIP		WELLINGTON FL 33414	CITY-ST-ZIP		Wellington, FL 33414
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		WILKINSON, DEBRA
STREET ADDRESS			STREET ADDRESS		251 Royal Palm Way, Suite 602
CITY-ST-ZIP			CITY-ST-ZIP		Palm Beach, FL 33480
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Karen Connelly, Pres. 3/23/00 (561) 659-3222  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)