

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90552 014 ***158.75

DOCUMENT # P98000087014

1. Entity Name
EQUESTRIAN PROPERTIES, INC.



Principal Place of Business
251 ROYAL PALM WAY, SUITE 602
PALM BCH FL 33480

Mailing Address
12765 FOREST HILL BLVD
SUITE 1302
WELLINGTON FL 33414

2. Principal Place of Business
12765 Forest Hill Boulevard

3. Mailing Address

Suite, Apt. #, etc.
Suite 1302

Suite, Apt. #, etc.

City & State
Wellington, Florida

City & State

4. FEI Number
65-0874506

Applied For
Not Applicable

Zip
33414

Country
US

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE MENDOZA, MARIO G III
12765 FOREST HILL BLVD, SUITE 1302
WELLINGTON FL 33414

Name **Mario G. de Mendoza, III, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Boulevard, Suite 1302
City **Wellington** **FL** **Zip Code** **33414**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mario G. de Mendoza, III, President** **01/15/03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Delete
NAME **MENDOZA, MARIO G III**
STREET ADDRESS **251 ROYAL PALM WAY, SUITE 602**
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE **AS** ☒ Change ☐ Addition
NAME **de Mendoza, Mario G. III**
STREET ADDRESS **12765 Forest Hill Boulevard, Suite 1302**
CITY-ST-ZIP **Wellington, Florida 33414**

TITLE **DPST** ☐ Delete
NAME **CONNELLY, KAREN**
STREET ADDRESS **13334 POLO CLUB RD #216**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **DPST** ☒ Change ☐ Addition
NAME **Connelly, Karen E**
STREET ADDRESS **12230 Forest Hill Boulevard, Suite 309**
CITY-ST-ZIP **Wellington, Florida 33414**

TITLE **AS** ☒ Delete
NAME **WILKINSON, DEBRA**
STREET ADDRESS **251 ROYAL PALM WAY STE 602**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Karen E. Connelly, President** **01/15/03** **(561) 795-8999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)