2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000096068**

1. Entity Name
RIVERCREST FARM EQUESTRIAN CENTER, INC.

Principal Place of Business	Mailing Address
2400 BRANDYWINE LANE	2400 BRANDYWINE LANE
MELBOURNE FL	MELBOURNE FL
32904	32904

2. Principal Place of Business		3. Mailing Address	
2165 GLATTER RD		2165 GLATTER RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MALABAR FL		City & State: MALABAR FL	
Zip: 32950	Country	Zip: 32950	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3538776
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CYR RICHARD L
2400 BRANDYWINE LANE
MELBOURNE FL
32904

7. Name and Address of New Registered Agent

Name
CYR RICHARD L
Street Address (P.O. Box Number is Not Acceptable)
2165 GLATTER RD
City
MALABAR FL
Zip Code
32950

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 ________________ 04/30/2001
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	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	CYR RICHARD L	NAME	CYR RICHARD L
STREET ADDRESS	2400 BRANDYWINE LANE	STREET ADDRESS	2165 GLATTER RD
CITY-ST-ZIP	MELBOURNE FL 32904	CITY-ST-ZIP	MALABAR FL 32950
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: RICHARD L CYR P 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #