

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90085 028 ***150.00

DOCUMENT # P98000096068

1. Entity Name

RIVERCREST FARM EQUESTRIAN CENTER, INC.

Principal Place of Business

2165 GLATTER RD
MALABAR FL 32950

Mailing Address

~~2165 GLATTER RD~~
~~MALABAR FL 32950~~

2. Principal Place of Business

3. Mailing Address

1251 Cypress Bend Cr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne

Zip

Country

Zip

Country

32934

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

7. Name and Address of New Registered Agent

CYR, RICHARD L

2165 GLATTER RD
MALABAR FL 32950

Name

Street Address (P.O. Box Number is Not Acceptable)

1251 Cypress Bend Cr.

City Melbourne

FL

Zip Code 32934

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, 2002 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
NAME CYR, RICHARD L
STREET ADDRESS ~~2165 GLATTER RD~~
CITY-ST-ZIP ~~MALABAR FL 32950~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1251 Cypress Bend Cr.
CITY-ST-ZIP Melbourne, FL 32934

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02 (321)242-0007

Date

Daytime Phone #

CR2E034 (9/01)