

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096383

Entity Name

DORAN's Equine Sports Massage Program, Inc.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90047 026 \*\*\*150.00

Principal Place of Business  
791 NW 160<sup>th</sup> Street  
Reddick, FL 32686

Mailing Address  
9791 NW 160<sup>th</sup> Street  
Reddick, FL 32686

Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
2508 NE 8<sup>th</sup> Lane  
Suite, Apt. #, etc.

City & State  
Ocala, FL

4. FEI Number  
59-3547966

Zip  
Country  
34470 USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Siefert, Michael A.  
606 SE 3<sup>rd</sup> Avenue  
Ocala, FL 34471

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

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, 2000 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
PST Don Stephen Doran	14735 SW 71 <sup>st</sup> Avenue Road	Ocala, FL 34473	<input type="checkbox"/>
VP Leisa Stahl	9791 NW 160 <sup>th</sup> Street	Reddick, FL 32686	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leisa Teel Stahl

Date

4/28/00

Daytime Phone #

(352)  
591-4735

CR2E034 (9/99)