

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008689

1. Entity Name

EQUINE STABLE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 18 AM 10:29

Principal Place of Business

3665 BEE RIDGE ROAD
SUITE 310
SARASOTA, FL 34233

Mailing Address

2665 BEE RIDGE ROAD
SUITE 310
SARASOTA, FL 34233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0890363

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCSWEENEY, ANINA C
3665 BEE RIDGE ROAD
SUITE 310
SARASOTA, FL 34233 US

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

☐

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRION, JAIME S	
STREET ADDRESS	3665 BEE RIDGE ROAD #310	
CITY - ST - ZIP	SARASOTA, FL 34233	
TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, DORA M	
STREET ADDRESS	3665 BEE RIDGE ROAD #310	
CITY - ST - ZIP	SARASOTA, FL 34233	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCSWEENEY, ANINA C	
STREET ADDRESS	3665 BEE RIDGE ROAD #310	
CITY - ST - ZIP	SARASOTA, FL 34233	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRION, JAIME R	
STREET ADDRESS	3665 BEE RIDGE ROAD #310	
CITY - ST - ZIP	SARASOTA, FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)