

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91829 044 \*\*\*150.00

**DOCUMENT # P99000086113**

**1. Entity Name**  
**BRIGGS & CROMARTIE BLOODSTOCK AGENCY, INC.**



**Principal Place of Business**  
**7 SILVER SPRINGS BLVD**  
**STE 100**  
**LOXAHATCHEE FL 33470**

**Mailing Address**  
**PO BOX 669**  
**OCALA FL 34478**

**2. Principal Place of Business**  
**6800 NW 193rd Street**

**3. Mailing Address**  
**P.O. Box 789**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Orange Lake, Florida**

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**Orange Lake, Florida**

**4. FEI Number** **65-0947408**

**Applied For**  
**Not Applicable**

**Zip**  
**32681**

**Country**

**Zip**  
**32681**

**Country**

**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**

**HAINES, TIM D**  
**125 NE 1ST AVENUE**  
**SUITE 1**  
**OCALA FL 34470**

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

**SIGNATURE**

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**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ **Delete**  
**NAME** **BRIGGS, ALAN R**  
**STREET ADDRESS** **1222 SE 7TH STREET**  
**CITY-ST-ZIP** **OCALA FL 34471**

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

**TITLE** **D** ☐ **Delete**  
**NAME** **CROMARTIE, ROBERT A**  
**STREET ADDRESS** **1222 SE 7TH STREET**  
**CITY-ST-ZIP** **OCALA FL 34471**

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

**TITLE** **S** ☐ **Delete**  
**NAME** **BUDDEN, SHEILA**  
**STREET ADDRESS** **PO BOX 669**  
**CITY-ST-ZIP** **OCALA FL 34478**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME** **Budden, Sheila**  
**STREET ADDRESS** **P.O. Box 789**  
**CITY-ST-ZIP** **Orange Lake, FL 32681**

**TITLE** **D** ☐ **Delete**  
**NAME** **CROMARTIE, ALEXANDER I**  
**STREET ADDRESS** **1222 SE 7TH AVENUE**  
**CITY-ST-ZIP** **OCALA FL 34471**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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 am otherwise 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 this report, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Cromartie**

**4/24/03**

**352-591-5882**

Date

Daytime Phone #

CR2E034 (10/02)