

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000097263**

1. Entity Name

**PINE HOLLOW DRESSAGE, INC.**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90086 045 \*\*\*150.00

0478833 AV

Principal Place of Business

**1040 S.W. 20TH AVE.  
CAPE CORAL FL 33991**

Mailing Address

**60 LAGOON DR.  
NORTH FT. MYERS FL 33903**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0967417**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HUMPHREY, JOAN M  
60 LAGOON DRIVE  
NORTH FT. MYERS FL 33903**

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) ☒

**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

TITLE NAME	<b>D</b> <b>CASAL, CAROL A</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2650 CLYDE ST.,N.W.</b>	
CITY-ST-ZIP	<b>MATLACHA FL 33993</b>	
TITLE NAME	<b>D</b> <b>HUMPHREY, JOAN M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>60 LAGOON DR.</b>	
CITY-ST-ZIP	<b>NORTH FT. MYERS FL 33903</b>	
TITLE NAME	<b>D</b> <b>SMITH, CAROLINE C</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>14155 BOKEELIA RD.</b>	
CITY-ST-ZIP	<b>BOKEELIA FL 33922</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Joan M. Humphrey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/25/02*  
Date

*941-656-6263*  
Daytime Phone #

CR2E034 (9/01)