

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109806

1. Entity Name  
SOUTHERN WINDS HORSES, INC.

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90001 025 \*\*\*150.00

Principal Place of Business  
~~2001 RUSHIN RD.~~  
COTTONDALE FL 32431

Mailing Address  
~~2001 RUSHIN RD.~~  
COTTONDALE FL 32431

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3171 SAPP RD.**

3. Mailing Address  
**3171 SAPP RD.**

Suite, Apt. #, etc.

City & State  
**COTTONDALE, FLORIDA**

City & State  
**COTTONDALE, FLORIDA**

Zip  
**32431**

Country  
**Jackson**

Zip  
**32431**

Country  
**JACKSON**

4. FEI Number **59-8619661**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMM, CHERYL F**  
**~~2001 RUSHIN RD.~~**  
**COTTONDALE FL 32431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3171 SAPP RD.**

City  
**COTTONDALE**

FL

Zip Code  
**32431**

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 *Cheryl Hamm* **01-7-01**

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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | 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: *Cheryl F. Hamm* **January 7, 2001** **(950) 352-4883**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)