

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S27447**

1. Entity Name

SOUTHWEST FLORIDA APPALOOSA BREEDERS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90004 045 ***150.00

Principal Place of Business

Mailing Address

**990 PONDELLA ROAD
N. FT. MYERS FL 33903**

**990 PONDELLA ROAD
N. FT. MYERS FL 33903-3502**

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

65-0238711

Applied For

Not Applicable

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

**CATER, JOY
12500 MORGAN HILL
FORT MYERS FL 33912**

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	CATER, JOY			
	12500 MORGAN HILL			
	FORT MYERS FL 33912			
	D			
	STELLATO, LEE			
	3261 NORTH RD			
	NORTH FORT MYERS FL 33903			
	D			
	PETERS, ANNE			
	18210 SANDY PINE COURT			
	NORTH FORT MYERS FL 33903			
	D			
	CURRY, GAIL			
	17261 EAGLE VIEW LANE			
	CAPE CORAL FL			

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 #

LEE STELLATO **3/31/00** **941 997-7010**

CR2E034 (9/99)