

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51267

1. Entity Name

EQUESTRIAN DEVELOPMENTS, INC.

FILED

Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90155 002 ***150.00

Principal Place of Business

Mailing Address

1000 N. COW CAMP LANE
FL 34240

C/O GLENORA COMPANY
735 N WATER ST STE 712
MILWAUKEE WI 53202-4104
US

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 39-1741395

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

F & L CORP
200 LAURA ST
GREENLEAF BLDG
JACKSONVILLE FL 32202-3510

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	DPT	<input type="checkbox"/> Delete
NAME	UIHLEIN, ROBERT A. III	
STREET ADDRESS	% 777 E WISCONSIN AVE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	LECHNER, THOMAS F.	
STREET ADDRESS	% 777 E WISCONSIN AVE	
CITY-ST-ZIP	MILWAUKEE WI	
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	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UIHLEIN, ROBERT A. III	
STREET ADDRESS	735 N. WATER ST STE 712	
CITY-ST-ZIP	MILWAUKEE, WI 53202-4104	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECHNER, THOMAS F.	
STREET ADDRESS	735 N. WATER ST STE 712	
CITY-ST-ZIP	MILWAUKEE, WI 53202-4104	
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		
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

THOMAS F. LECHNER

Date

Daytime Phone #

(414) 347-1270

CR2E034 (9/99)