

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001468

1. Entity Name

THOROUGHbred RETIREMENT FOUNDATION, INC.

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90012 017 \*\*\*\*70.00

Principal Place of Business

1050 STATE HWY 35 #351  
SHREWSBURY NJ 07702

Mailing Address

1050 STATE HWY 35 #351  
SHREWSBURY NJ 07702

2. Principal Place of Business

PMB 351

3. Mailing Address

PMB 351

Suite, Apt. #, etc.

450 Shrewsbury Plaza

Suite, Apt. #, etc.

450 Shrewsbury Plaza

City & State

Shrewsbury, NJ

City & State

Shrewsbury, NJ

Zip

07702-4332

Country

USA

Zip

07702-4332

Country

USA

4. FEI Number

13-3132741

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, ELLIE

3863 WOODS WALK BLVD

LAKE WORTH FL 33467

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC  
NAME KOEHLER, MONIQUE S ☐ Delete  
STREET ADDRESS 174 DEEPDALE DR  
CITY-ST-ZIP MIDDLETOWN NJ 07748

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

TITLE DV  
NAME LONDON, DEBORAH ☐ Delete  
STREET ADDRESS 410 EE 57TH ST  
CITY-ST-ZIP NY-NY-10022

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

TITLE DV  
NAME HODES, CAROL ☐ Delete  
STREET ADDRESS 66 STAGHORN DR  
CITY-ST-ZIP MATAWAN NJ 07747

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

TITLE D  
NAME BELDEN, JAMES ☐ Delete  
STREET ADDRESS 520 SWEET WOOD WAY  
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE D  
NAME CHENERY, PENNY ☐ Delete  
STREET ADDRESS 825 WALNUT HILL RD  
CITY-ST-ZIP LEXINGTON KY 40515

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

TITLE D  
NAME FURST, ALAN ☐ Delete  
STREET ADDRESS MILLBROOK RD  
CITY-ST-ZIP NEW VERNON NJ 08816

TITLE ☐ Change ☐ Addition  
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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOROUGHbred RETIREMENT G. Ray, Treasurer

7/17/00

732-957-0182

Date

Daytime Phone #

CR2E037 (5/00)