

# *State of Florida*

## *Department of State*

I certify from the records of this office that FLORIDA THOROUGHBRED RETIREMENT AND ADOPTIVE CARE PROGRAM INC is a corporation organized under the laws of the State of Florida, filed on September 13, 2010, effective September 9, 2010.

The document number of this corporation is N10000008626.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on February 5, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fifth day of February, 2021*



*Randy Be*  
**Secretary of State**

Tracking Number: 2420302195CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008626

**FILED**  
**Feb 05, 2021**  
**Secretary of State**  
**2420302195CC**

**Entity Name:** FLORIDA THOROUGHbred RETIREMENT AND ADOPTIVE CARE PROGRAM INC

**Current Principal Place of Business:**

6650 SW KANNER HWY  
INDIANTOWN, FL 34956

**Current Mailing Address:**

GULFSTREAM PARK  
901 S. FEDERAL HWY ATTN: FL TRAC  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 27-3466408

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LAZARUS, ADAM  
GULFSTREAM PARK  
901 S. FEDERAL HWY ATTN: FL TRAC  
HALLANDALE BEACH, FL 33009 US

*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:** ADAM LAZARUS

02/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title: PRESIDENT  
Name: LAZARUS, ADAM  
Address: GULFSTREAM PARK  
901 S. FEDERAL HWY ATTN: FL TRAC  
City-State-Zip: HALLANDALE BEACH FL 33009

Title: OFFICER  
Name: COMERFORD, BONNIE  
Address: 12277 SW 55TH ST.  
City-State-Zip: FT. LAUDERDALE FL 33330

Title: TREASURER  
Name: LAZARUS, ADAM  
Address: GULFSTREAM PARK  
901 S. FEDERAL HWY ATTN: FL TRAC  
City-State-Zip: HALLANDALE BEACH FL 33009

Title: OFFICER  
Name: BUTLER, AIDAN  
Address: GULFSTREAM PARK  
901 S. FEDERAL HWY ATTN: FL TRAC  
City-State-Zip: HALLANDALE BEACH FL 33009

Title: OFFICER  
Name: LEVY, TROY  
Address: GULFSTREAM PARK  
901 S. FEDERAL HWY ATTN: FL TRAC  
City-State-Zip: HALLANDALE BEACH FL 33009

Title: OFFICER  
Name: GUNDERSON, RAINA  
Address: GULFSTREAM PARK  
901 S. FEDERAL HWY ATTN: FL TRAC  
City-State-Zip: HALLANDALE BEACH FL 33009

Title: OFFICER  
Name: BIANCONE, PATRICK  
Address: GULFSTREAM PARK  
901 S. FEDERAL HWY ATTN: FL TRAC  
City-State-Zip: HALLANDALE BEACH FL 33009

Title: OFFICER  
Name: PLESA, KYLE  
Address: GULFSTREAM PARK  
901 S. FEDERAL HWY ATTN: FL TRAC  
City-State-Zip: HALLANDALE BEACH FL 33009

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ADAM LAZARUS

PRESIDENT

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date