FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 19, 2001 8:00 am DOCUMENT # 128707 **Secretary of State** LONGINO RANCH, INC. 02-19-2001 90073 046 \*\*\*150.00 Principal Place of Business Mailing Address 26111 TURPENTINE STILL RD 26111 TURPENTINE STILL RD SIDELL FL 34266 SIDELL FL 34266 624605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0758782 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Longino, Mr. B T LONGINO, MR. BT Street Address (P.O. Box Number is Not Acceptable) 25501 Tampensi Trail 25501 TAMPENAL TRAIL SIDELL FL 34266 Sidell,Fl. 34266 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (10/00) TITLE Delete LONGINO JR, B T Longino, Jr. B.T. NAME 25501 Tampensi Trail STREET ADDRESS RT. #2, BOX 695 STREET ADORESS CITY-ST-ZIP ARCADIA FL CITY-ST-ZIP \$idell, Fl. TITLE Delete TITLE ☐ Addition CURRY, JESSIE BETH NAME NAME Purvis, J.T. 3212 Angus Drive Prescott, Az. STREET ADDRESS 2625 NELA AVENUE STREET ADDRESS 86301 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 0 TITLE Delete TITLE Change Addition Minton John L. MINTON, SHIRLEY NAME NAME 4905 4th\_Street 2501 S. INDIAN RIVER DRIVE. STREET ADDRESS STREET ADDRESS 32968 CITY-ST-ZIP FORT PIERCE FL 34950 CITY-ST-7IP Vero Beach, Fl. Delete Change ☐ Addition TITLE TITLE PURVIS, M L NAME NAME STREET ADDRESS 3210 ANGUS DR STREET ADDRESS CITY-ST-ZIP PRESCOTT, ARIZONA 0 CITY-ST-ZIP M Delete ☐ Change TITLE TITLE ☐ Addition MINTON, JOHN L NAME NAME 4905 4TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 ☐ Delete ☐ Change ☐ 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: 15.7. A ON C. SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2/15/01

941 322 1850

Daytime Phone #