2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90491 004 ***150.00

DOCUMENT # 233387

1. Entity Name

SEBRING RANCHETTES INCORPORATED

Principal Place of Business	Mailing Address
2528 STATE RD 17 SOUTH AVON PARK FL 33825	2528 STATE RD 17 SOUTH AVON PARK FL 33825

J J J O 4 1

DO NOT WRITE IN THIS SPACE

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 59-6071101 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHATTERPAUL, BHOJ S.
2528 STATE ROAD 17 SOUTH
AVON PARK FL 33825

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

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, 2001 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	PD CHATARPAUL, LAKERAM 3282 MONICA DRIVE MISSISSAUGA ONTARIO	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHATARPUAL, KAISREE 23 DONALDSON DRIVE BRAMPTON ONTTARIO	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OM CHATTERPAUL, BHOJ S. 2528 STATE ROAD 17 SOUTH AVON PARK FL 33825	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: (LAKERAM CHATARPAUL) April 23/2001 905 673-5865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#233337

553847

SEBRING RANCHETTES INC.

3282 Monica Dr., Mississauga, Ontario, Canada. L4T 3E7

May 17, 2001

Uniform Business Report
Division of Corporation
P O Box 1500
Tallahassee, Florida, FL 32302-1500

Dear Sirs:

Re: FEI #59607101 - Request for Waiver of Late Fee

I am the Officer authorized to file the enclosed Uniform Business Report form. The form and cheque for fee were prepared for mailing since April 23, 2001 so they may reach you by the due date. Unfortunately, I became seriously ill that same day and had to be hospitalized until late May 1, 2001 (Hospital statement attached). This was followed by intensive treatment and therapy and only today I am able to return to some of my normal activities. One of the casualties of my disposition was mailing of the UBR form and fees and I am now correcting that.

Under these circumstances, I am requesting a waiver of the late filing fees.

I thank you for your patience and cooperation.

Yours

Director, Sebring Ranchettes Inc.

Attachment # 233387 553847

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Humber River
REGIONAL HOSPITAL

Church Street Site
200 CHURCH STREET, WESTON, ONTARIO M9N 1

AMOUNT ENCLOSED	TYPE
$	FINAL

PLEASE RETURN THIS TOP PORTION OF YOUR STATEMENT WITH PAYMENT
CHECK HERE ☐ IF RECEIPT REQUIRED.

PATIENT NAME	PATIENT ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	BILLING DATE
CHATARPAUL,LAKERAM	AC001948/02	23/04/01	01/05/01	05/05/01

GUARANTOR

CHATARPAUL,LAKERAM
3282 MONICA DRIVE
MISSISSAUGA ON L4T 3K7

INSURANCE COVERAGE: ONTARIO HEALTH INSURA
POLICY NUMBER: 8969541153

SERVICE DATE	DESCRIPTION		QTY	AMOUNT
27/04/01	TEL-FIN	TELEPHONE--FINCH ROOM F427/W	1	2.50
28/04/01	TEL-FIN	TELEPHONE--FINCH ROOM F427/W	1	2.50
29/04/01	TEL-FIN	TELEPHONE--FINCH ROOM F427/W	1	2.50
30/04/01	TEL-FIN	TELEPHONE--FINCH ROOM F427/W	1	2.50
	*** SUMMARY BY SERVICE ***			
	MISCELLANEOUS CHARGES		4	10.00

ACCOUNT NUMBER AC001948/02

TOTAL	10.00
TOTAL CREDITS	0.00
TOTAL DUE	10.00
ESTIMATED INSURANCE COVERAGE	0.00
ESTIMATED PATIENT DUE	10.00

READ THE INFORMATION PROVIDED ON THE REVERSE.