

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001126**

1. Entity Name
RUTLAND RANCH, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 21 PM 1:29

Principal Place of Business
ROUTE 1 BOX 450
MYAKKA CITY FL 34251

Mailing Address
% SUNTRUST BANK OF TAMPA BAY
P.O. BOX 1498
TAMPA FL 33601-1498



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-7030675**

Applied For
Not Applicable

Zip Country

Zip Country

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

SCHMIDT, HOWARD W
SUNTRUST BANK OF TAMPA BAY
300 1ST AVENUE SOUTH, SUITE 200
ST PETERSBURG FL 33701

Name
Breland, Jeanne C.

Street Address (P.O. Box Number is Not Acceptable)
SunTrust Bank

300 1st Ave. S., Ste. 200

City **St. Petersburg, FL** **FL** Zip Code **33701**

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

9. Capital Contributions as Shown on record. **\$33,741,855.66**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

SUNTRUST BANK OF TAMPA BAY, TRUSTEE
300 1ST AVENUE SOUTH, SUITE 200
ST PETERSBURG FL 33701

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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CITY - ST - ZIP

SUNTRUST BANK OF TAMPA BAY, TRUSTEE
300 1ST AVENUE SOUTH, SUITE 200
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-07/10/00-01021-008
***526.25 ***526.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: DATE **4/25/02** (251) 992-4622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER