

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009031 AF

*zf*

**DOCUMENT #** A94000001126  
 1: Entity Name  
**RUTLAND RANCH, LTD.**

**FILED**

01 FEB 19 PM 12:01  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-7030675**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 BRELAND, JEANNE C  
 SUNTRUST BANK OF TAMPA BAY  
 300 1ST AVENUE SOUTH, SUITE 200  
 ST PETERSBURG FL 33701

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	
DOCUMENT #	SUNTRUST BANK OF TAMPA BAY, TRUSTEE
NAME	300 1ST AVENUE SOUTH, SUITE 200
STREET ADDRESS	ST PETERSBURG FL 33701
CITY-ST-ZIP	
DOCUMENT #	SUNTRUST BANK OF TAMPA BAY, TRUSTEE
NAME	300 1ST AVENUE SOUTH, SUITE 200
STREET ADDRESS	ST PETERSBURG FL 33701
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800003746598--8
CITY-ST-ZIP	-02/21/01--01128--024
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Jeane C. Breland* 2/13/01 (907) 892-4622  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)