## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 07, 2002 8:00 am § Secretary of State DOCUMENT # F64881 1. Entity Name 05-07-2002 90120 001 \*\*\*300.00 SANTA CRUZ RANCH, INC. Principal Place of Business Mailing Address 11752 NW HWY 464B 11752 NW HWY 464B OCALA FL 34482 OCALA FL 34482 US 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. FE! Number Applied For 59-2679286 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIZO-PATRON, JUAN PEDRO Street Address (P.O. Box Number is Not Acceptable) 11752 N.W. HIGHWAY 464B OCALA FL 34482 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 110 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F CR2E034 (9/01) ☐ Addition NAME RIZO-PATRON, JAIME NAME STREET ADDRESS 11752 N.W. HIGHWAY 464B STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME RIZO-PATRON, JUAN PEDRO NAME STREET ADDRESS 11752 N.W. HIGHWAY 464B STREET ADDRESS CITY-ST-ZIF OCALA FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . ~ Pelete -= -TITLE -- -- --Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RISNATIAN REDEPRATEN

FILED