

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F64881

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: SANTA CRUZ RANCH, INC.

**Current Principal Place of Business:**

11752 NW HWY 464B  
OCALA, FL 34482 US

**New Principal Place of Business:**

**Current Mailing Address:**

11752 NW HWY 464B  
OCALA, FL 34482 US

**New Mailing Address:**

FEI Number: 59-2679286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIZO-PATRON, JUAN PEDRO  
11752 N.W. HIGHWAY 464B  
OCALA, FL 34482 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RIZO-PATRON, JAIME,  
Address: 11752 N.W. HIGHWAY 464B  
City-St-Zip: OCALA, FL

Title: VP ( ) Delete  
Name: RIZO-PATRON, JUAN PE, DRO  
Address: 11752 N.W. HIGHWAY 464B  
City-St-Zip: OCALA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN PEDRO RIZO-PATRON

VP

04/29/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date