

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT#** F9800005975  
**1. Entity Name**  
**RANCH MANAGEMENT CORPORATION**

**DO NOT WRITE IN THIS SPACE**

**420553**

<b>2. Principal Place of Business</b> 4300 Haddonfield Rd. Suite 314		<b>3. Mailing Address</b> 4300 Haddonfield Rd. Suite 314		<b>4. FEIN Number</b> 22-3614081		<b>Applied For</b> Not Applicable	
Suite, Apt., etc. Suite 314		Suite, Apt., etc. Suite 314		City & State Pennsauken, NJ		City & State Pennsauken, NJ	
City & State Pennsauken, NJ		City & State Pennsauken, NJ		Zip 08109-3376		Country USA	
Zip 08109-3376		Country USA		Zip 08109-3376		Country USA	

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

**DO NOT WRITE IN THIS SPACE**

Name: **Munroe, W. Bradley, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable): **239 E. Virginia St.**  
 City: **Tallahassee, FL** Zip Code: **32301**

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, if applicable, (NOTE: Registered Agent signature is required when changing) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>9.</b> This corporation is eligible to satisfy its intangible tax filing requirements and elect to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D President</b> <b>Zalkind, Steven</b> <b>201 Mt. Laurel Rd.</b> <b>Moorestown, NJ 08057</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Vice President</b> <b>Love, Donald N.</b> <b>1909 Country Club Dr.</b> <b>Cherry Hill, NJ 08003</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <b>Rose, Charlene</b> <b>4300 Haddonfield Rd. Suite 314</b> <b>Pennsauken, NJ 08109</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <b>Stanley E. Borucki</b> <b>4300 Haddonfield Rd. Suite 314</b> <b>Pennsauken, NJ 08109</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **2/15/02** **(856) 662-4757**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone  
**Stanley E. Borucki - Treasurer**

CR2E034B (12/01)