

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90607 040 \*\*\*150.00

**DOCUMENT # H31492**

1. Entity Name  
**DOC PARTIN RANCH, INC.**

Principal Place of Business <b>% HENRY H. PARTIN          5355 CANOE CREEK RD.          ST. CLOUD FL 34772</b>	Mailing Address <b>% HENRY H. PARTIN          5355 CANOE CREEK RD.          ST. CLOUD FL 34772</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>% Henry H. Partin Jr.          Suite, Apt. #, etc.          5355 Canoe Creek Rd.          City &amp; State          St. Cloud FL          Zip          34772</b>	3. Mailing Address <b>Henry H. Partin Jr.          Suite, Apt. #, etc.          5355 Canoe Creek Rd.          City &amp; State          St. Cloud FL          Zip          34772</b>
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4. FEI Number **59-2502400** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PARTIN, HENRY H.  
 6101 CANOE CREEK RD.  
 ST. CLOUD FL 34772**

7. Name and Address of New Registered Agent  
 Name **Henry H. Partin Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5355 Canoe Creek Rd.**  
 City **St. Cloud FL** Zip Code **34772**

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 *Henry H Partin Jr* (NOTE: Registered Agent signature required when reinstating) DATE 3-02-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PARTIN, HENRY H. 6101 CANOE CREEK RD. ST. CLOUD FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PARTIN JR., HENRY H. 5355 CANOE CREEK ROAD ST. CLOUD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PARTIN, W-DOUGLAS P.O. BOX 99 N/A KENASNSVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PARTIN, BEVERLY W. 5355 CANOE CREEK ROAD ST. CLOUD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PARTIN, JOHN H. 5791 CANOE CREEK ROAD ST. CLOUD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Henry H Partin Jr* **Henry H Partin Jr** Date March 2, 2001 Daytime Phone # 407-892-5276

CR2E034 (10/00)