

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90007 003 ***150.00

DOCUMENT # H77185

1. Entity Name
MYRTLE ISLAND RANCH, INC.

Principal Place of Business 5001 SW RUCKS DAIR RD OKEECHOBEE FL 34974 US	Mailing Address 5001 SW RUCKS DAIRY RD OKEECHOBEE FL 34974-8652 US
--	--

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

City & State	City & State	4. FEI Number 59-1446845	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PEARCE, ROY E.
 5001 SW RUCKS DAIRY RD
 OKEECHOBEE FL 34974**

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. 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, 2000 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	PD PEARCE, ROY E. 1122 S.W. 15TH ST. OKEECHOBEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEARCE, EARL D. 5001 SW RUCKS DAIRY RD OKEECHOBEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRATTON, MARGARET P. 2151 S.W.-28TH-AVE. OKEECHOBEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARCE, DOROTHY R. 5001 SW RUCKS DAIRY RD OKEECHOBEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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	<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
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)(j), 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: *Dorothy R Pearce*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00
 Date

863-763-7593
 Daytime Phone #

CR2E034 (9/99)