

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90019 043 \*\*\*150.00

0542912

**DOCUMENT # P94000038098**

1. Entity Name

**WILLIAMS RANCH OF IMMOKALEE, INC.**

Principal Place of Business

**1300 N 15TH ST  
 IMMOKALEE FL**

Mailing Address

**1300 N 15TH ST  
 IMMOKALEE FL**

**737308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0499188**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, JAMES E JR  
 1300 N 15TH ST  
 IMMOKALEE FL**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**DP WILLIAMS, JAMES E JR**  
 STREET ADDRESS **1300 N 15TH ST**  
 CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **Treasurer**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**DV WILLIAMS, DIANE**  
 STREET ADDRESS **1300 N 15TH ST**  
 CITY-ST-ZIP **IMMOKALEE FL 33934**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**ST WILLIAMS, JAMES E 111**  
 STREET ADDRESS **1300 N 15TH ST**  
 CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Secretary**  Change  Addition  
 NAME **Carrie Williams**  
 STREET ADDRESS **1300 N. 15th St.**  
 CITY-ST-ZIP **Immokalee, Fl. 34142**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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 Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: Carrie Williams  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01  
 Date

941-657-5188  
 Daytime Phone #

CR2E034 (10/00)