

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000038098

FILED  
Jan 16, 2003  
Secretary of State

Entity Name: WILLIAMS RANCH OF IMMOKALEE, INC.

**Current Principal Place of Business:**

1300 N 15TH ST  
IMMOKALEE, FL

**New Principal Place of Business:**

**Current Mailing Address:**

1300 N 15TH ST  
IMMOKALEE, FL

**New Mailing Address:**

FEI Number: 65-0499188      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLIAMS, JAMES E JR  
1300 N 15TH ST  
IMMOKALEE, FL      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: T      ( ) Delete  
Name: WILLIAMS, JAMES E JR  
Address: 1300 N 15TH ST  
City-St-Zip: IMMOKALEE, FL 34142

Title: DV      ( ) Delete  
Name: WILLIAMS, DIANE  
Address: 1300 N 15TH ST  
City-St-Zip: IMMOKALEE, FL 33934

Title: S      ( ) Delete  
Name: WILLIAMS, CARRIE  
Address: 1300 N. 15TH ST.  
City-St-Zip: IMMOKALEE, FL 34142

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

Title: DPT      (X) Change ( ) Addition  
Name: WILLIAMS, JAMES E JR  
Address: 1300 N 15TH ST  
City-St-Zip: IMMOKALEE, FL 34142

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: CARRIE WILLIAMS

S

01/16/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date