


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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90284 034 ***150.00

DOCUMENT # S06251
1. Entity Name
DAVIE BAR RANCH, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1601 N. PALM AVENUE		3. Mailing Address 1601 N. PALM AVENUE	
Suite, Apt. #, etc. 308		Suite, Apt. #, etc. 308	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33026	Country USA	Zip 33026	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0228377		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
PETE SANTI, JR.

Street Address (P.O. Box Number is Not Acceptable)
1601 N. PALM AVE.

STE. 308

City
PEMBROKE PINES FL 33026

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DOUGLAS SANTI DATE 4/26/2004

Signature, typed or printed name of registered agent and (use if applicable) (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE SANTI 1601 N. PALM AVE., STE. 308 PEMBROKE PINES, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS SANTI 1601 N. PALM AVE., STE. 308 PEMBROKE PINES, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DOUGLAS SANTI - DIR. 4/26/2004 954-885-0885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034R (1/2/02)