

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 142550

1. Entity Name

OFF THE RANCH, INC.

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90003 008 \*\*\*150.00

Principal Place of Business

1870 ALOMA AVE  
280  
WINTER PARK FL 32789

Mailing Address

1870 ALOMA AVE  
280  
WINTER PARK FL 32789

2. Principal Place of Business

Citrus Bank Bldg  
Suite, Apt. #, etc. Suite 300I  
12200 West Colonial Dr.  
City & State  
Winter Garden, FL

3. Mailing Address

Citrus Bank Bldg  
Suite, Apt. #, etc. Suite 300I  
12200 Colonial Dr.  
City & State  
Winter Garden, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3519025

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCALL, RANDALL E  
1870 ALOMA AVE  
SUITE 280  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name  
Randall E. McCall  
Street Address (P.O. Box Number is Not Acceptable)  
Citrus Bank Bldg  
12200 West Colonial Drive, Suite 300I  
Winter Garden FL Zip Code 34787

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE FEB. 12, 2001

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

| 11. OFFICERS AND DIRECTORS      |                                                                   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|---------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|------|
| TITLE                           | NAME                                                              | TITLE                                                             | NAME |
| <input type="checkbox"/> Delete | P<br>MCCALL, RONALD W<br>1870 ALOMA AVE<br>WINTER PARK FL 32789   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | V<br>MCCALL, HOLLY J<br>1870 ALOMA AVE<br>WINTER PARK FL 32789    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | ST<br>MCCALL, RANDALL E<br>1870 ALOMA AVE<br>WINTER PARK FL 32789 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | D<br>MCCALL, HOLLIS O<br>1870 ALOMA AVE<br>WINTER PARK FL 32789   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | D<br>MCCALL, BEVERLY J<br>1870 ALOMA AVE<br>WINTER PARK FL 32789  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                                                                   | <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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01 407-654-4589  
Date Daytime Phone #

CR2E034 (10/00)

0057028