APR-30-2001 10:34 NUWLEN, JULT & MINER

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90629 044 ***150.00

DOCUMENT # 188424 ✓

1. Entity Name
U B R

C0069157

Principal Place of Business	Mailing Address
BLACK DEVON RANCH, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
BLACK DEVON RANCH	1515 E. MAIN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PAHOKEE, FL.
Zip / Country	Zip: 33476 / Country: PALM BEACH

4. FEI Number: 59-6070015 ☐ Applied For ☐ Not Applicable

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
CLARK HULL WILKINSON BLACK DEVON RANCH PRES. PAHOKEE, FL. 33476	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: Clark Hull Wilkinson, PRES. APR 30 2001
Signature, typed or printed name of registered agent and title if applicable (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 (NON-)PROFIT 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 / STREET ADDRESS / CITY-ST-ZIP	CLARK WILKINSON PRESIDENT 1515 E MAIN ST BLACK DEVON RANCH	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1515 E. MAIN ST PAHOKEE, FL. 33476
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANNE HATTON V-PRES. SATR. BLACK DEVON RANCH	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1515 E. MAIN ST PAHOKEE, FL. 33476
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / 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, added or deleted.

SIGNATURE: Clark Hull Wilkinson, President Apr. 30, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #