

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90113 024 \*\*\*158.75

**DOCUMENT # 230938**

1. Entity Name  
**MABRY CARLTON RANCH, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>SIDEL ROAD SARASOTA CO.<br>RT 2 BOX 710<br>ARCADIA FL 34266<br>US | Mailing Address<br>SIDEL ROAD SARASOTA CO.<br>RT 2 BOX 710<br>ARCADIA FL 34266-9726<br>US |
|--|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>9430 Sidell Rd.</b> | 3. Mailing Address<br><b>9430 Sidell</b> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                      |

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br><b>Sidell, FL</b> | City & State<br><b>Sidell, FL</b> |
|-----------------------------------|-----------------------------------|

|                          |         |                          |         |
|--------------------------|---------|--------------------------|---------|
| Zip<br><b>34266-0031</b> | Country | Zip<br><b>34266-0031</b> | Country |
|--------------------------|---------|--------------------------|---------|

4. FEI Number **59-0884919** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**CARLTON, BARBARA B.**  
**SIDELL ROAD, SARASOTA COUNTY**  
**ROUTE 2 BOX 710**  
**ARCADIA FL 34266**

7. Name and Address of New Registered Agent  
 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, 2000 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                     |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>CARLTON, BARBARA B.</b><br><b>RT 2 BOX 710</b><br><b>ARCADIA FL</b>              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>BONNER, KIM CARLTON</b><br><b>1025 PEPPERTREE DR</b><br><b>SARASOTA FL 34242</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD</b><br><b>CARLTON, M. LISA</b><br><b>ROUTE 2 BOX 710-A</b><br><b>ARCADIA FL</b>           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>9430 Sidell Rd</b><br><b>Sidell, FL 34266-0031</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>9450 Sidell Rd</b><br><b>Sidell, FL 34266-0031</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>9420 Sidell Rd</b><br><b>Sidell, FL 34266-0031</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <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: Barbara B. Carlton, Pres. March 4, 2000 941-322-1135  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)