

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90144 022 \*\*\*150.00

**DOCUMENT # 233941**

1. Entity Name

**BARTHLE BROTHERS RANCH, INC.**

Principal Place of Business

**26801 BAYHEAD RD.  
DADE CITY FL 33523  
US**

Mailing Address

**P.O. BOX 6  
SAN ANTONIO FL 33576  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-0921397**

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

**SCHRADER, JEROME G.  
301 E. MERIDIAN  
DADE CITY FL 33525**

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 \_\_\_\_\_

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 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTHLE, RANDOLPH</b>	NAME	
STREET ADDRESS	<b>26345 BAYHEAD RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTHLE, STEPHEN</b>	NAME	
STREET ADDRESS	<b>2680 DELIVERANCE ST.</b>	STREET ADDRESS	<b>26500 Bayhead Rd</b>
CITY-ST-ZIP	<b>COLORADO SPRINGS CO</b>	CITY-ST-ZIP	<b>Dade City, FL 33523</b>
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTHLE, LAWRENCE</b>	NAME	
STREET ADDRESS	<b>17231 BELLAMY BROS. BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAIGE, KATHLEEN</b>	NAME	
STREET ADDRESS	<b>RT 1, BOX 101 N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEWISTON FL</b>	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTHLE, MARK F.</b>	NAME	
STREET ADDRESS	<b>17899 BELLAMY BROS BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DILLARD, JEANETTE</b>	NAME	
STREET ADDRESS	<b>15995 BELLAMY BROS BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	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, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/01** **352-588-4075**

Date

Daytime Phone #

CR2E034 (10/00)