

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90159 032 \*\*\*150.00

**DOCUMENT # 233941**

1. Entity Name

**BARTHE 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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

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

7. Name and Address of New Registered Agent

Name **Jonathan W. Newlon**

Street Address (P.O. Box Number is Not Acceptable)

**37947 Pasco Ave.**

City

**Dade City**

**FL**

Zip Code

**33525**

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, 2002 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 **PD** ☐ Delete  
 NAME **BARTHE, RANDOLPH**  
 STREET ADDRESS **26345 BAYHEAD RD.**  
 CITY-ST-ZIP **DADE CITY FL**

TITLE **DV** ☐ Delete  
 NAME **BARTHE, STEPHEN**  
 STREET ADDRESS **26500 BAYHEAD RD.**  
 CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **DV** ☐ Delete  
 NAME **BARTHE, LAWRENCE**  
 STREET ADDRESS **17231 BELLAMY BROS. BLVD.**  
 CITY-ST-ZIP **DADE CITY FL**

TITLE **DV** ☐ Delete  
 NAME **PAIGE, KATHLEEN**  
 STREET ADDRESS **RT 1, BOX 101 N**  
 CITY-ST-ZIP **CLEWISTON FL**

TITLE **DV** ☐ Delete  
 NAME **BARTHE, MARK F.**  
 STREET ADDRESS **17899 BELLAMY BROS BLVD.**  
 CITY-ST-ZIP **DADE CITY FL**

TITLE **STD** ☐ Delete  
 NAME **DILLARD, JEANETTE**  
 STREET ADDRESS **15995 BELLAMY BROS BLVD.**  
 CITY-ST-ZIP **DADE CITY FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **15501 Bellamy Bros. Blvd**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Jeanette Dillard**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/18/02 352-567-5618**  
 Daytime Phone #

CF2E034 (9/01)