

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90024 024 ***150.00

DOCUMENT # 316922

1. Entity Name

TAUCHEN'S TRIANGLE T RANCH, INC.

B0013177



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**9110 COUNTY RD 17 SO
 SEBRING FL 33870
 US**

**P O BOX 3936
 SEBRING FL 33871-3936
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1165424

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TAUCHEN, DONALD E II
 9110 COUNTY RD 17 SO.
 SEBRING FL 33870**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
 NAME TAUCHEN, DONALD E., II
 STREET ADDRESS 9110 COUNTY RD 17 SO.
 CITY-ST-ZIP SEBRING FL

TITLE PD ☒ Change ☐ Addition
 NAME MARJORIE A. TAUCHEN
 STREET ADDRESS 9110 COUNTY RD. 17 SO
 CITY-ST-ZIP SEBRING FL

TITLE TD ☐ Delete
 NAME TAUCHEN, JOHN ROBERT
 STREET ADDRESS 415 MAC LANE
 CITY-ST-ZIP SEBRING FL 33872

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

TITLE STD ☒ Delete
 NAME TAUCHEN, MARJORIE A.
 STREET ADDRESS 9110 COUNTY RD. 17 SO.
 CITY-ST-ZIP SEBRING FL

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

TITLE SD ☐ Delete
 NAME BAILEY, CONSTANCE LYNN
 STREET ADDRESS 9120 COUNTY RD. 17 SO.
 CITY-ST-ZIP SEBRING FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John R. Tauchen **JOHN R. TAUCHEN** TR. D. 1/28/2000