FILED

2/14/2001

Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2001 8:00 am **DOCUMENT # 316922 Secretary of State** TAUCHEN'S TRIANGLE T RANCH, INC. 02-20-2001 90032 040 \*\*\*150.00 Principal Place of Business Mailing Address 9110 COUNTY RD 17 SO P O BOX 3936 SEBRING FL 33870 SEBRING FL Uŝ HŜ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1165424 Applied For Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAUCHEN, DONALD E II Street Address (P.O. Box Number is Not Acceptable) : 1 9110 COUNTY RD 17 SO. SEBRING FL 33870 City Zip Code F۱ 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. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CR2E034 (10/00 ■ Delete TAUCHEN, MARJORIE A NAME NAME 9110 COUNTY RD 17 SO. STREET ADDRESS STREET ADDRESS SEBRING FL CITY-ST-ZIP CITY-ST-ZIP TOO ☐ Change TITLE Delete TITLE X Addition TAUCHEN, JOHN ROBERT SOMU TAUCHEN JOHN R NAME NAME STREET ADDRESS 415 MAC LANE STREET ADDRESS 415 MAC LANE SEBRING FL 33872 CITY-ST-ZIP CITY-ST-ZIP SEBPING FL 33872 TITLE Delete TITLE ☐ Change **X** Addition TAUCHEN DONALD E BAILEY, CONSTANCE LYNN NAME NAME 9120 COUNTY RD. 17 SO. STREET ADDRESS STREET ADDRESS 9444 C.R. 17 South Sebring Fla 33876 CITY-ST-ZIP SEBRING FL CITY-ST-ZIP ☐ Change □ Delete TITI F NAME NAME STREET ADDRESS STREET: ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.