

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 336799

1. Entity Name  
**REEDER RANCH & DAIRY INC**

Principal Place of Business

10608 US 41 NORTH  
PALMETTO FL 34221

Mailing Address

10608 US 41 NORTH  
PALMETTO FL 34221

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**SNELL, RANDOLPH J**  
10608 US 41 NORTH  
PALMETTO FL 34221

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 No Change  
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

TITLE ☐ Delete  
NAME **PD REEDER, J T**  
STREET ADDRESS **1709 4 ST W.**  
CITY-ST-ZIP **PALMETTO FL**

TITLE ☐ Delete  
NAME **VD SNELL, J RANDOLPH**  
STREET ADDRESS **10608 U S 41 N**  
CITY-ST-ZIP **PALMETTO FL**

TITLE ☐ Delete  
NAME **VD REEDER, GRAHAM R**  
STREET ADDRESS **7014 BUCKEYE ROAD**  
CITY-ST-ZIP **PALMETTO FL**

TITLE ☐ Delete  
NAME **SD SNELL, MARVIS R**  
STREET ADDRESS **10608 U S 41 N**  
CITY-ST-ZIP **PALMETTO FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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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: MARVIS R. SNELL **MARVIS R. SNELL** APR 18 2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90382 049 \*\*\*163.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)