

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 457242

1. Entity Name

ROMEO OAKS RANCH, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90040 021 ***158.75

Principal Place of Business

2801 S.W. COLLEGE ROAD, SUITE 18
OCALA FL 34474
US

Mailing Address

P O BOX 740180
OCALA FL 34478
US

2. Principal Place of Business

3. Mailing Address

PO Box 5130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala FL

4. FEI Number 59-1549104

Applied For

Not Applicable

Zip

Country

Zip

34478-5130

Country

USA

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

Name

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

City

FL

Zip Code

GLASSMAN, SHARON
2801-18 COLLEGE ROAD
OCALA FL 34474

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLASSMAN, JERRY 2801-18 SW COLLEGE ROAD OCALA, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLASSMAN, JERRY 2801-18 SW COLLEGE ROAD OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLASSMAN, SHARON 2801-18 SW COLLEGE ROAD OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Glassman

04/30/2001

Date

352/237-1186

Daytime Phone #

CR2E034 (10/00)