

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90017 022 ***158.75

DOCUMENT # 467279

1. Entity Name

TRIPLE K RANCH, INC.

Principal Place of Business

**205 S.W. 1ST ST.
P.O. BOX 730
BELLE GLADE FL 33430**

Mailing Address

**205 S.W. 1ST ST.
P.O. BOX 730
BELLE GLADE FL 33430**

2. Principal Place of Business

205 S. W. 1st St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 730

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

Belle Glade, FLZip
33430Country
USAZip
33430Country
USA4. FEI Number **59-1491988**

Applied For

Not Applicable

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****HODGE, SHERYL K.
205 S.W.1ST ST.
BELLE GLADE FL 33430**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
PD	HODGE, SHERYL K	205 S.W. 1ST ST.	BELLE GLADE FL	<input type="checkbox"/>
V	HODGE, KENNETH J	205 S.W. 1ST ST.	BELLE GLADE FL	<input type="checkbox"/>
ST	HODGE, KENNETH J	205 S.W. 1ST ST.	BELLE GLADE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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

Sheryl K. Hodge**3/1/01**

Date

561-996-6262

Daytime Phone #

CR2E034 (10/00)