

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 555650

1. Entity Name

RANCHERO PROPERTIES, INC.

Principal Place of Business

3801 BEE RIDGE RD STE 12
PO BOX 2886
SARASOTA FL 34233

Mailing Address

3801 BEE RIDGE RD STE 12
PO BOX 2886
SARASOTA FL 34233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1786593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, JIM
1550 RINGLING BLVD
SARASOTA FL 33577

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

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: VD
NAME: KENDALL, HERBERT J
STREET ADDRESS: 2327 LA MESA DRIVE
CITY-ST-ZIP: SANTA MONICA, CA 00000 ☐ Delete

TITLE: STD
NAME: BERMAN, MANDELL L
STREET ADDRESS: 29100 N'WESTERN HWY #370
CITY-ST-ZIP: SOUTHFIELD, MI 00000 ☐ Delete

TITLE: PD
NAME: NEWBY, MARTIN
STREET ADDRESS: 3801 BEE RIDGE RD.,S-12
CITY-ST-ZIP: SARASOTA, FL 00000 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME: ☐ Change ☐ Addition
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

Date

(941) 923-1456

Daytime Phone #

CR2E034 (10/00)

0410281

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90022 048 ***150.00



DO NOT WRITE IN THIS SPACE