

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 626885**

1. Entity Name

**STUART WOODS RANCH, INC.****FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90066 001 \*\*\*211.25

Principal Place of Business

C/O JAMES E RUSSELL  
5323 GEORGIA AVE.  
WEST PALM BCH FL 33405

Mailing Address

C/O JAMES E RUSSELL  
5323 GEORGIA AVE.  
WEST PALM BCH FL 33405-3551

0041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-2774468**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RUSSELL, JAMES E.  
5323 GEORGIA AVE.  
WEST PALM BEACH FL 33405

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, 2000 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 PT ☐ Delete  
NAME RUSSELL, JAMES E.  
STREET ADDRESS 5323 GEORGIA AVE.  
CITY-ST-ZIP WEST PALM BEACH FLTITLE VD ☐ Delete  
NAME LUTTON, JOHN %OLIVER H  
STREET ADDRESS 5323 GEORGIA AVE.  
CITY-ST-ZIP WEST PALM BEACH FLTITLE STD ☐ Delete  
NAME DAVIDSON, CHRISTIE %OLIV  
STREET ADDRESS 5323 GEORGIA AVE.  
CITY-ST-ZIP WEST PALM BEACH FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VT ☐ Change ☐ Addition  
NAME DAVIDSON  
STREET ADDRESS  
CITY-ST-ZIPTITLE VT ☒ Change ☐ Addition  
NAME CHRISTIE DAVIDSON  
STREET ADDRESS 5323 GEORGIA AVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33405TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #