

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 677517

1. Entity Name

PRAIRIE RIVER RANCH, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90013 010 \*\*\*150.00

Principal Place of Business

4602 DOGWOOD HILLS CT  
BRANDON FL 33511  
US

Mailing Address

4602 DOGWOOD HILLS CT  
BRANDON FL 33511-8004  
US

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

59-2004237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICKARD, JAMES I. III, CPA  
1000 N. AHLEY DR., SUITE 101  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **MELLI CLAUDE**  
Street Address (P.O. Box Number is Not Acceptable)  
**4602 DOGWOOD HILLS COURT**  
City **BRANDON #** FL Zip Code **33511**

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

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CONSTANINI, GHISLAIN	
STREET ADDRESS	1000 N. AHLEY DR., SUITE 101	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EDWARDS, JOSEPH	
STREET ADDRESS	P.O. BOX 3433 N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POCHEZ, PATRICE	
STREET ADDRESS	1000 N. AHLEY DR., SUITE 101	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAZEAUD, OLIVER	
STREET ADDRESS	1000 N. AHLEY DR., SUITE 101	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RANDON, ALAIN	
STREET ADDRESS	1000 N. AHLEY DR., SUITE 101	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DHOTEL, DANIEL	
STREET ADDRESS	1000 N. AHLEY DR., SUITE 101	
CITY-ST-ZIP	TAMPA FL 33602	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POCHEZ, PATRICE	
STREET ADDRESS	4602 DOGWOOD HILLS COURT	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZEAUD, OLIVIER	
STREET ADDRESS	4602 DOGWOOD HILLS COURT	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDON, ALAIN	
STREET ADDRESS	4602 DOGWOOD HILLS COURT	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POIRSON, NICOLAS	
STREET ADDRESS	4602 DOGWOOD HILLS CT	
CITY-ST-ZIP	BRANDON FL 33511	

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 #

CR2E034 (9/99)