

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90190 001 ***450.00

DOCUMENT # 677517

1. Entity Name

PRAIRIE RIVER RANCH, INC.

Principal Place of Business

**4602 DOGWOOD HILLS CT
BRANDON FL 33511
US**

Mailing Address

**4602 DOGWOOD HILLS CT
BRANDON FL 33511
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

7. Name and Address of New Registered Agent

**MELLI, CLAUDE
4602 DOGWOOD HILLS CT
BRANDON FL 33511**

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	AS			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	EDWARDS, JOSEPH									
	P.O. BOX 3433 N/A									
	TAMPA FL 33601									
	PD			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	POCHEZ, PATRICE									
	4602 DOGWOOD HILLS CT									
	BRANDON FL 33511									
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MAZEAUD, OLIVER									
	4602 DOGWOOD HILLS CT									
	BRANDON FL 33511									
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	RANDON, ALAIN									
	4602 DOGWOOD HILLS CT									
	BRANDON FL 33511									
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PAIRSON, NICOLAS									
	4602 DOGWOOD HILLS CT									
	BRANDON FL 33511									
				<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

CLAUDE MELLI (813) 689 7242

4/10/01

Daytime Phone #

CR2E034 (10/00)