

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90463 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**

11938



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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, 2002 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 NAME ☐ Delete
**AS
EDWARDS, JOSEPH
P.O. BOX 3433 N/A
TAMPA FL 33601**

TITLE NAME ☐ Delete
**DP
TOURNAIRE, JEAN C
4602 DOGWOOD HILLS CT
BRANDON FL 33511**

TITLE NAME ☐ Delete
**D
MAZEAUD, OLIVER
4602 DOGWOOD HILLS CT
BRANDON FL 33511**

TITLE NAME ☐ Delete
**D
RANDON, ALAIN
4602 DOGWOOD HILLS CT
BRANDON FL 33511**

TITLE NAME ☐ Delete
**D
PAIRSON, NICOLAS
4602 DOGWOOD HILLS CT
BRANDON FL 33511**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
**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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)