

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90092 043 ***150.00

0034782

DOCUMENT # 691022

1. Entity Name
POST SUNSHINE RANCH, INC.

Principal Place of Business Mailing Address
 1350 JOHN MOORE ROAD 1350 JOHN MOORE ROAD
 BRANDON FL 33511-6304 BRANDON FL 33511-6304

00021000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
~~BRANDON~~ ~~1350 JOHN MOORE RD.~~
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
~~BRANDON~~ ~~FLA.~~

Zip Country Zip Country
 33511 USA

4. FEI Number Applied For
59-2118492 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POST, WILLIAM L.
1350 JOHN MOORE ROAD
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD POST, BETSY J. 1350 JOHN MOORE ROAD BRANDON FL	<input checked="" type="checkbox"/> Delete <i>deceased</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POST, WILLIAM L. 1350 JOHN MOORE ROAD BRANDON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Terry Post Ball 1402 John Moore Rd. Brandon, Fla. 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Cliff Ball 1402 John Moore Rd. Brandon, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all addresses, with all other like empowers.

SIGNATURE: Terry Post Ball PD Date: 3-16-01 Daytime Phone #: 813-689-3242

CR2E034 (10/00)