

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715228

1. Entity Name

FLORIDA BOYS RANCH FOUNDATION, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90034 018 ****61.25

Principal Place of Business

6010 STATE ROAD 33
CLERMONT FL 34736-2514
US

Mailing Address

P. O. BOX 635
GROVELAND FL 34736-0635
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

59-8212420

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

VARVEL, DOYLE
6010 SR-33
CLERMONT FL 32711

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☐ Delete
NAME WINSHIP, BEVERLY
STREET ADDRESS 5834 FOREST GROVE AVE
CITY-ST-ZIP ORLANDO, FL 32808

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

TITLE DST ☐ Delete
NAME HOOPER, PATSY
STREET ADDRESS 8 VIRGINIA CT.
CITY-ST-ZIP ORANGE PARK FL

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

TITLE D ☒ Delete
NAME VARVEL, MARIE
STREET ADDRESS 6010 SR-33
CITY-ST-ZIP CLERMONT, FL 32711

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

TITLE VD ☐ Delete
NAME VARVEL, DOYLE
STREET ADDRESS 6010 SR-33
CITY-ST-ZIP CLERMONT, FL 32711

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

TITLE DST ☐ Delete
NAME SKYLES, SANDRA
STREET ADDRESS 352 WEST BROAD ST.
CITY-ST-ZIP GROVELAND FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Doyle Marie Varvel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-27-2000 352-3946311

CR2E037 (9/99)