

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715228

1. Entity Name

FLORIDA BOYS RANCH FOUNDATION, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

VARVEL DOYLE

6010 SR-33

CLERMONT FL 32711 34711

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

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME SKYLES, PATSY
STREET ADDRESS 11140 HASKELL DR.
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME SKYLES, SANDRA
STREET ADDRESS 5519 DENISE AVE
CITY-ST-ZIP ORLANDO, FL 32810

TITLE ☐ Change ☐ Addition

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:

VARVEL DOYLE 5-9-01 512-394-6311

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90371 045 ****61.25

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DO NOT WRITE IN THIS SPACE

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