

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-28-2002 91705 035 ****61.25

DOCUMENT # 725706

1. Entity Name

**MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

74-10A MYAKKA VALLEY TRAIL
 PO BOX 21463
 SARASOTA FL 34276-4463

74-10A MYAKKA VALLEY TRAIL
 PO BOX 21463
 SARASOTA FL 34276-4463

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

59-1510999

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

**KAHNE, WALTER F
 5548 OLD RANCH ROAD
 SARASOTA FL 34241**

Name

LEE DALTON

Street Address (P.O. Box Number is Not Acceptable)

5125 COMBEE LANE

City

SARASOTA

FL

Zip Code

34241

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]

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	P	☒ Delete
NAME	KAHNE, WALTER F	
STREET ADDRESS	5548 OLD RANCH ROAD	
CITY-ST-ZIP	SARASOTA FL 34141	
TITLE	V	☒ Delete
NAME	FERRY, LINDA	
STREET ADDRESS	6683 OLD RANCH RD	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	S	☒ Delete
NAME	HUTCHINSON, JERRY	
STREET ADDRESS	5441 MYAKKA VALLEY TRAIL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	T	☐ Delete
NAME	VOEGRIN, BARBARA	
STREET ADDRESS	5670 HOWARD CREEK ROAD	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	☒ Delete
NAME	WOLBERS, PAUL	
STREET ADDRESS	5550 MYAKKA VALLEY TR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	☐ Delete
NAME	FILLMORE, BRICE	
STREET ADDRESS	5139 COMBEE LANE	
CITY-ST-ZIP	SARASOTA FL 34241	

TITLE	P	☒ Change ☐ Addition
NAME	LEE DALTON	
STREET ADDRESS	5125 COMBEE LANE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	V	☒ Change ☐ Addition
NAME	PAUL WOLBERS	
STREET ADDRESS	5550 MYAKKA VALLEY TR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	S	☒ Change ☐ Addition
NAME	SCHARLOTTE BRODSKY	
STREET ADDRESS	6474 KICKAPOO	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	JERRY HUTCHINSON	
STREET ADDRESS	5441 MYAKKA VALLEY TR.	
CITY-ST-ZIP	SARASOTA FL 34241	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/15/2002

941-921-5807

CR2E037 (9/01)