

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0063981

DOCUMENT # 733955

1. Entity Name

THE NAKED LADY RANCH, INC.

03-08-2001 90012 035 ****61.25

Principal Place of Business

6100 S.W. MOORES STREET
 P. O. BOX 332
 PALM CITY FL 34991

Mailing Address

6100 S.W. MOORES STREET
 P. O. BOX 332
 PALM CITY FL 34991

927886



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

59-1647303

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALES, RONALD
1551 FORUM PL STE 300F
W PALM BCH FL 33402

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, DIANE	
STREET ADDRESS	6054 SW 52ND TER	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITE, SHELLEY	
STREET ADDRESS	5705 SW 61 DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROOT, KEITH	
STREET ADDRESS	6344 SW 52ND TERR.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARNEY, JOHN	
STREET ADDRESS	5405 SW 61 DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINNIS, AUDREY	
STREET ADDRESS	6090 SW MOORES ST	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, SHELLEY B	
STREET ADDRESS	5705 SW 61ST DR	
CITY-ST-ZIP	PALM CITY FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMASEY, George	
STREET ADDRESS	5505 SW 61 DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, JAMES	
STREET ADDRESS	6078 SW Moore St	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dannecker, Dan	
STREET ADDRESS	6054 SW 52 Ter	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Shelley White 3/5/01 (561) 286-6886
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)