

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 825697

1. Entity Name

RANCHO DEL CIERVO ESTATES

Principal Place of Business

4044 NEWPORT DRIVE
NEW PORT RICHEY FL 34652
US

Mailing Address

P.O. BOX 308
NEW PORT RICHEY FL 34656-0308
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILDER, FRED J
407 SOUTH EWING AVENUE
CLEARWATER FL 33756-5766

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

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	BOYCE, W.H.	
STREET ADDRESS	4044 NEWPORT DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELINKOFF, ALAN	
STREET ADDRESS	4044 NEWPORT DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOYCE, M.D.	
STREET ADDRESS	4044 NEWPORT DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PAUL, WILLIAM D II	
STREET ADDRESS	4044 NEWPORT DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	WILLIAM H. BOYCE	
STREET ADDRESS	4044 NEWPORT DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	SHELLEY A. DAVIS	
STREET ADDRESS	4044 NEWPORT DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.H. Boyce

Date

Daytime Phone #

2/1/00

727 842-8444

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90085 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2107448

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent