

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02460**

1. Entity Name

PEACE RIVER RANCHES, LTD.

Principal Place of Business

**4632 SEMINOLE ST
FT. MYERS FL 33905
US**

Mailing Address

**4632 SEMINOLE ST.
FT. MYERS FL 33905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-1528854

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

**KULHAN, THEODORE A.
4632 SEMINOLE ST..
FT. MYERS FL 33905**

Name

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

City

**400005692744-1
-06/05/02--01059--005
****446.25 FL ****446.25**

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.

DATE

9. Capital Contributions as Shown on record.

\$80,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$ 80,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	
NAME	KULHAN, THEODORE A.
STREET ADDRESS	4632 SEMINOLE
CITY-ST-ZIP	FT. MYERS FL 33905
DOCUMENT #	
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CITY-ST-ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/10/02

941-694-5119

FILED

02 APR 29 PM 6:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



0014572 AT

CR2E003 (9/01)