

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90270 003 \*\*\*150.00

**DOCUMENT # F07514**

1. Entity Name  
**SOUTH BRANCH RANCH, INC.**



Principal Place of Business  
**RICHARD K. BEHNKE**  
**3504 W. LEONA ST**  
**TAMPA FL 33629**  
**US**

Mailing Address  
**RICHARD K. BEHNKE**  
**3504 W. LEONA ST.**  
**TAMPA FL 33629**  
**US**

2. Principal Place of Business  
**P.O. Box 129**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 129**  
Suite, Apt. #, etc.

City & State  
**San Antonio, FL**

City & State  
**San Antonio, FL**

4. FEI Number **59-2045352**

Applied For  
Not Applicable

Zip  
**33576**

Country  
**USA**

Zip  
**33576**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BEHNKE, RICHARD K**  
**3504 W LEONA STREET**  
**TAMPA FL 33629**

**7. Name and Address of New Registered Agent**

Name  
**BEHNKE, RICHARD K**  
Street Address (P.O. Box Number is Not Acceptable)  
**29246 St. Joe Road**  
City  
**Dade City** **FL** Zip Code  
**33525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard K Behnke*  
Signature, typed or printed name of registered agent and title if applicable.  
**Richard K. Behnke**

02/08/2003

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD</b><br><b>BEHNKE, RICHARD KURT</b><br><b>3504 W LEONA ST</b><br><b>TAMPA FL 33629</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>BEHNKE, JINX B</b><br><b>3504 W LEONA ST</b><br><b>TAMPA FL 33629</b>        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>29246 St. Joe Road</b><br><b>Dade City, FL 33525</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>29246 St. Joe Road</b><br><b>Dade City, FL 33525</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 607, 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:**

*Richard K Behnke* Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Richard K. Behnke**

02/08/2003 (352)424-2211

Date

Daytime Phone #

CR2E034 (10/02)