

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90025 019 ***150.00

DOCUMENT # F92594

1. Entity Name
J 5 RANCH, INC.

Principal Place of Business
17190 NW 176 AVE
~~XXXXXX E. THOMAS~~
OKEECHOBEE FL 34972

Mailing Address
17190 NW 176 AVE
~~XXXXXX E. THOMAS~~
OKEECHOBEE FL 34972



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2207740**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

THOMAS, HARVEY E
17190 NW 176TH AVENUE
OKEECHOBEE FL 33472

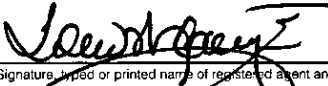
Name **TOM W. CONELY, III**

Street Address (P.O. Box Number is Not Acceptable)
401 N.W. 6TH STREET

P.O. DRAWER 1367

City **OKEECHOBEE** **FL** Zip Code **34973**

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)

JANUARY 14, 2002

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **THOMAS, HARVEY E**
 STREET ADDRESS **17190 NW 176TH AVENUE**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **President** ☒ Change ☐ Addition
 NAME **J. Gurnee Thomas**
 STREET ADDRESS **17055 N.W. 176th Avenue**
 CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **STD** ☐ Delete
 NAME **THOMAS, ZENA R**
 STREET ADDRESS **17190 NW 176TH AVENUE**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Eva Mae Conely**
 STREET ADDRESS **401 N.W. 6th St. (P.O. Box 1367)**
 CITY-ST-ZIP **Okeechobee, FL 34973**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

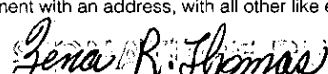
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:  **ZENA R. THOMAS** 01-14-002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)