

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000639

1. Entity Name

LIDDELL RANCHES, INC.

Principal Place of Business

SADDLE CREEK APTS.
5414 26TH ST. W.
BRADENTON FL 34207

Mailing Address

16105 GOLFCOURSE RD.
PARRISH FL 34219-8638

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2497684

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

LIPPELL, NORMAN J
16105 GOLF COURSE RD
PARRISH FL 34219

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
LIDDELL, ANDREW L
2305 W. BRIDLE PATH
PRESCOTT AZ 86301



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCV
LIDDELL, NORMAN J
16105 GOLF COURSE RD.
PARRISH FL 34219



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WOLFE, BRENDA S
22895 FLORES AVENUE
RED BLUFFS CA 96080



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOT
WRIGHT, PATRICIA
5611 TWO 16TH PLACE N.E.
REDMOND WA 98052



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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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

3/5/00

Date

9417762652

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90173 040 ***150.00



DO NOT WRITE IN THIS SPACE