

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000639

1. Entity Name

LIDDELL RANCHES, INC.

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90070 001 ***150.00

Principal Place of Business

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

Mailing Address

16105 GOLFCOURSE RD.
BARRISH FL 34219

00032950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

18741 S. RIVER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ALVA FL.

4. FEI Number 94-2497684

Applied For

Not Applicable

Zip

Country

Zip

Country

33920

USA

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

~~LIDDELL, NORMAN J~~
~~16105 GOLF COURSE RD~~
~~PARRISH FL 34219~~

Name LIDDELL NORMAN J

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

18741 S. RIVER RD

City ALVA

FL

Zip Code 33920

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, 2001 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV LIDDELL, NORMAN J 16105 GOLF COURSE RD. PARRISH FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLFE, BRENDA S 22895 FLORES AVENUE RED BLUFFS CA 96080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT WRIGHT, PATRICIA 5611 TWO 16TH PLACE N.E. REDMOND WA 98052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31211 N. 64 th ST CAVALIER, AZ. 85331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18741 S. RIVER RD ALVA FL 33920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)