

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0415126 AV

DOCUMENT # F97000003787

1. Entity Name
RANCHO DE MACHO GRANDE, INC.



FILED

03 APR 15 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14 S. SWINTON AVE.
DELRAY BEACH FL 33444

Mailing Address
14 S. SWINTON AVE.
DELRAY BEACH FL 33444



2. Principal Place of Business
255 NE 6TH AVE
Suite, Apt. #, etc.

3. Mailing Address
255 NE 6TH AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FL
Zip
33483
Country
USA

City & State
DELRAY BEACH, FL
Zip
33483
Country
USA

4. FEI Number 52-2046206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITHER, ROBERT M JR.
14 S. SWINTON AVE.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name
WINTZER, WILLIAM R.
Street Address (P.O. Box Number is Not Acceptable)
255 NE 6TH AVE
City
DELRAY BEACH FL Zip Code
33483

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 William R. Wintzer WILLIAM R. WINTZER AT 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (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	PD	<input checked="" type="checkbox"/> Delete
NAME	FREAKLEY, EDWIN M	
STREET ADDRESS	19 S. SWINTON AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	SMITHER, ROBERT M JR	
STREET ADDRESS	14 S. SWINTON AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100016086931	
STREET ADDRESS	04/15/03--01098--011 **150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODYEAR, HEMBERLY A.	
STREET ADDRESS	125 LA POSTA ROAD	
CITY-ST-ZIP	TADS, NM 87571	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARRILL, THOMAS E. JR	
STREET ADDRESS	255 NE 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	USD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAN MARTIN, MARTA	
STREET ADDRESS	255 NE 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	A/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINTZER, WILLIAM R.	
STREET ADDRESS	255 NE 6TH AVE.	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	

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: William R. Wintzer WILLIAM R. WINTZER 4/14/03 (561)243-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)