

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90039 026 ***150.00

00888900
 AV

DOCUMENT # H00211

1. Entity Name

EL RANCH OF DAVIE, INC.

(Handwritten initials)

Principal Place of Business

**C/O LLOYD GENSEMER
 5451 S.W. 106TH AVENUE
 COOPER CITY FL 33328**

Mailing Address

**C/O LLOYD GENSEMER
 5451 S.W. 106TH AVENUE
 COOPER CITY FL 33328**



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

59-2409762

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

**GENSEMER, LLOYD
 5451 S.W. 106TH AVENUE
 COOPER CITY FL 33328**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
STD
 NAME **GENSEMER, LLOYD**
 STREET ADDRESS **5451 S.W. 106TH AVENUE**
 CITY-ST-ZIP **COOPER CITY FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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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:

(Handwritten signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 934-434-3480
 Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc # H00211

Division of Corporations
Tallahassee, Fla.

773425

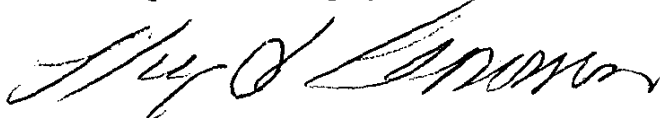
To Whom It May Concern;

I am enclosing a check for \$150.00 which was the amount due if it had been paid on time. Believe me the payment was not paid because of lack of cash, nor any personal disregard for paying any of my accounts on time. I sincerely try to pay any bills as they come in.

I have looked through all my bills and even asked my accountant for a bill from your division. I honestly feel I did not receive a bill or I would have it in my monthly files.

I am in hopes you will take this into consideration and accept my check.

Very sincerely yours,



Lloyd Gensemer