

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90048 013 \*\*\*150.00

**DOCUMENT # J10371**

1. Entity Name  
**PALM RANCH LAND & DEVELOPMENT CO., INC.**

Principal Place of Business  
**358 LAKE BRANTLEY CLUB PLACE  
 LONGWOOD FL 32779**

Mailing Address  
**358 LAKE BRANTLEY CLUB PLACE  
 LONGWOOD FL 32779**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2521 County RD 415A**

3. Mailing Address  
**2521 County RD 415A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**SANFORD, FLORIDA**

City & State  
**SANFORD, FLORIDA**

4. FEI Number  
**59-1350537**

Applied For  
 Not Applicable

Zip  
**32771**

Country  
**US**

Zip  
**32771**

Country  
**US**

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

**BERGMAN, ROLF  
 358 LAKE BRANTLEY CLUB PLACE  
 LONGWOOD FL 32779**

Name  
**ROLF BERGMANN**

Street Address (P.O. Box Number is Not Acceptable)  
**2521 County RD 415A**

City  
**SANFORD** FL Zip Code  
**32771**

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  
**PTSD** ☒ Delete  
 NAME  
**BERGMANN, ROLF**  
 STREET ADDRESS  
**358 LAKE BRANTLEY CLUB**  
 CITY-ST-ZIP  
**LONGWOOD FL 32779**

TITLE  
**PTSD** ☐ Change ☐ Addition  
 NAME  
**ROLF BERGMANN**  
 STREET ADDRESS  
**2521 County RD 415A**  
 CITY-ST-ZIP  
**SANFORD, FL. 32771**

TITLE  
**COBD** ☐ Delete  
 NAME  
**RIVERS, DORIS G**  
 STREET ADDRESS  
**BOX 1252 N/A**  
 CITY-ST-ZIP  
**SANFORD FL 32772**

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

TITLE  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

**SIGNATURE:** *Rolf Bergmann* **(ROLF BERGMANN)** **4-16-2001 407-328-8285**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)