

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90365 001 *1,650.00

DOCUMENT # J10371

1. Entity Name

PALM RANCH LAND & DEVELOPMENT CO., INC.

Principal Place of Business

**2521 COUNTY RD 415 A
 SANFORD FL 32771**

Mailing Address

**2521 COUNTY RD 415 A
 SANFORD FL 32771**

2. Principal Place of Business

2521 S.R. 415

3. Mailing Address

2521 S. R. 415

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL.

City & State

SANFORD, FL.

4. FEI Number

59-1350537

Applied For

Not Applicable

Zip

32771

Country

SEMINOLE

Zip

32771

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERGMAN, ROLF
 2521 COUNTY RD 415 A
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **BERGMANN, ROLF**
 Street Address (P.O. Box Number is Not Acceptable)
2521 S.R. 415
 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

Rolf Bergmann

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BERGMANN, ROLF 2521 COUNTY RD 415 A SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD RIVERS, DORIS G BOX 1252 N/A SANFORD FL 32772	<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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BERGMANN, ROLF 2521 S.R. 415 SANFORD, FL. 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:

Rolf Bergmann, PRES.

4-25-02 407-328-8285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)