

DOCUMENT # K05314

1. Entity Name

WOOD HAVEN RANCH, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90119 015 ***150.00

Principal Place of Business
PO BOX 1124
FLORAL CITY, FL 34436

Mailing Address
PO BOX 1124
FLORAL CITY FL 34436-1124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO Box 1124
Suite, Apt. #, etc.
Floral City FL
City & State
34436-1124
Zip
Country
Citrus

3. Mailing Address
P.O. Box 1124
Suite, Apt. #, etc.
Floral City FL
City & State
34436-1124
Zip
Country
Citrus

4. FEI Number
59-2865555
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROOKS, DAVID D
PO BOX 1124
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent
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

1-18-2000

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, 2000 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|---|---|---------------------------------------|
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | TITLE | NAME STREET ADDRESS CITY-ST-ZIP |
| <input type="checkbox"/> Delete | PSTD ROOKS, DAVID D PO BOX 1124 FLORAL CITY FL 34436 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-2000