

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

04-10-2001 90087 040 \*\*\*150.00

DOCUMENT # K52686
1. Entity Name
GANEY RANCH INC.

Principal Place of Business
5060 RIVERVIEW BLVD.
BRADENTON FL 34209
Mailing Address
5060 RIVERVIEW BLVD.
BRADENTON FL 34209

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State
4. FEI Number 59-3000248
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
GANEY, JAMES N.
4500 RIVERVIEW BLVD. W
BRADENTON FL 34209

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6939 Arbor Oaks Circle
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 4/26/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include GANEY, JOSEPH B JR, GANEY, ELEANOR B., GANEY, JAMES N., GANEY, THOMAS H.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Row includes 6999 Arbor Oaks Circle, Bradenton, FL.

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/26/01
Daytime Phone #

CR2E034 (10/00)