

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014924

1. Entity Name

RED RANCH, L.C.

FILED

01 MAR 12 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

2025 Dover Road

3. Mailing Address

P.O. Box 730

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DOVER, FLORIDA

City & State

Plant City, FLORIDA

Zip

33527

Country

USA

Zip

33564

Country

4. FEI Number

59-3684953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

John Borchard

Street Address (P.O. Box Number is Not Acceptable)

1000 HARBOUR Island Blvd #2302

City TAMPA

FL

Zip Code

33602

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

813-659-2000

CR2E083 (11/00)