

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90182 019 \*\*\*\*50.00

**DOCUMENT # L02000021494**

1. Entity Name  
**OCALA RANCH LLC**



Principal Place of Business  
**2559 SW HIGHWAY 484  
OCALA FL 34473  
US**

Mailing Address  
**1588 POINTE TARPON BLVD  
TARPON SPRINGS FL 34689  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**55-0791511**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GUJU, MICHAEL J.  
31564 US HIGHWAY 19 NORTH  
PALM HARBOR FL 34684**

Name  
**J. WARREN BULLARD**

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

**18 NW THIRD AVE**

City  
**OCALA**

FL

Zip Code  
**34475**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **J. Warren Bullard**  
Signature, typed or printed name of registered agent and title if applicable.

**J. Warren Bullard**  
(NOTE: Registered Agent signature required when reinstating)

**4/21/03**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME **NGRM** **THOMAS M. ARCHITETTO** ☐ Change ☒ Addition  
STREET ADDRESS **1588 POINTE TARPON BLVD**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME **NGRM** **LINDA L. ARCHITETTO** ☐ Change ☒ Addition  
STREET ADDRESS **1588 POINTE TARPON BLVD**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: **THOMAS M. ARCHITETTO** **4/15/03** **727-944-3535**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #