

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56570

1. Entity Name

PRAIRIE HOLDING CORPORATION

**FILED**  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90124 004 \*\*\*150.00

Principal Place of Business

Mailing Address

301 YAMATO RD., #1190  
BOCA RATON FL 33431

301 YAMATO RD., #1190  
BOCA RATON FL 33431-4919

2. Principal Place of Business

5300 BROKEN SOUND BLVD. NW  
Suite, Apt. #, etc.

3. Mailing Address

5300 BROKEN SOUND BLVD. NW  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

59-2994998

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARINO, GARY O.  
301 YAMATO RD.  
STE 1190  
BOCA RATON FL 33431

Name

GARY O. MARINO

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

5300 BROKEN SOUND BLVD. NW

City

BOCA RATON

FL

Zip Code

33487

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

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

TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, GARY O		NAME		
STREET ADDRESS	301 YAMATO RD., #1190		STREET ADDRESS	5300 BROKEN SOUND BLVD. NW	
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDFEARN, DONALD D		NAME		
STREET ADDRESS	301 YAMATO RD., #1190		STREET ADDRESS	5300 BROKEN SOUND BLVD. NW	
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, LARRY W		NAME		
STREET ADDRESS	301 YAMATO ROAD, #1190		STREET ADDRESS	5300 BROKEN SOUND BLVD. NW	
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

LARRY W BUSH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00  
Date

561-994-6015  
Daytime Phone #