

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90010 022 ***150.00

A0063279

DO NOT WRITE IN THIS SPACE

DOCUMENT # L56570

1. Entity Name

Prairie Holding Corporation

Principal Place of Business

5300 Broken Sound Blvd. NW
 Boca Raton, FL 33487

Mailing Address

5300 Broken Sound Blvd. NW
 Boca Raton, FL 33487

2. Principal Place of Business

5300 Broken Sound Blvd. NW

3. Mailing Address

5300 Broken Sound Blvd. NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

Marino, Gary O.
 5300 Broken Sound Blvd., NW
 Boca Raton, FL 33487

7. Name and Address of New Registered Agent

Name

CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
 1200 S. Pine Island Rd.

City

Plantation

FL

Zip Code
 33324

8. The above named entity submits this statement for the purpose of changing its registered office, both, in the State of Florida.

SIGNATURE

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

4/24/01

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, 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

11. OFFICERS AND DIRECTORS

TITLE	CEO D	<input type="checkbox"/> Delete
NAME	Gary O. Marino	
STREET ADDRESS	5300 Broken Sound Blvd., NW	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	S D	<input type="checkbox"/> Delete
NAME	Donald D. Redfearn	
STREET ADDRESS	5300 Broken Sound Blvd., NW	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	V	<input type="checkbox"/> Delete
NAME	Larry W. Bush	
STREET ADDRESS	5300 Broken Sound Blvd., NW	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	John M. Sullivan	
STREET ADDRESS	10279 SW Stones Throw Terrace	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	Charles Swinburn	
STREET ADDRESS	1800 M. Street, N.W.	
CITY-ST-ZIP	Washington, DC 20036	
TITLE	D	<input type="checkbox"/> Delete
NAME	Richard Rampell	
STREET ADDRESS	122 North County Road	
CITY-ST-ZIP	Palm Beach, FL 33480	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry W. Bush

Date

4/23/01

Daytime Phone #

CR2E034 (11/00)