

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L95000000922

1. Entity Name
NEW RIVER RANCH, L.C.

00 APR 17 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3200 RIVER RANCH ROAD
RIVER RANCH FL 33867

Mailing Address
P.O. BOX 30020
RIVER RANCH FL 33867-0020



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Same as above
Suite, Apt. #, etc.

MNM

DO NOT WRITE IN THIS SPACE

City & State
Zip
Country

City & State
Zip
Country

4. FEI Number
59-3352833

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MEGILL, HAROLD E
99 LONG HAMMOCK DRIVE
RIVER RANCH FL 33867

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYKINS, DONALD F 583 WATERWAY DRIVE RIVER RANCH FL 33867 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONALD WILSON 379 Bear Trail RIVER RANCH FL 33867 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEGILL, HAROLD 99 LONG HAMMOCK DRIVE RIVER RANCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIVER RANCH FL 33867 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 000003230200--2 -04/28/00--01130--024 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENNIS, HOWARD 256 SADDLE LANE RIVER RANCH FL 33867 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERNON JONES 427 Waterway DR. River Ranch FLA 33867 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICKELSMER, CHARLES 383 GATOR ALLEY RIVER RANCH FL 33867 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date April 10 2000
Daytime Phone # 863-692-9110

CR2E083 (9/99)