

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000922

1. Entity Name

NEW RIVER RANCH, L.C.

Principal Place of Business

3200 RIVER RANCH ROAD
RIVER RANCH FL 33867

Mailing Address

P.O. BOX 30020
RIVER RANCH FL 33867

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
01 JUL -3 AM 18:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WILSON, DONALD
STREET ADDRESS 379 BEAR TRAIL
CITY-ST-ZIP RIVER RANCH FL 33867

TITLE MGR ☐ Delete
NAME MEGILL, HAROLD
STREET ADDRESS 99 LONG HAMMOCK DRIVE
CITY-ST-ZIP RIVER RANCH FL

TITLE MGRM ☐ Delete
NAME DENNIS, HOWARD
STREET ADDRESS 256 SADDLE LANE
CITY-ST-ZIP RIVER RANCH FL 33867

TITLE MGRM ☐ Delete
NAME PICKELSMER, CHARLES
STREET ADDRESS 383 GATOR ALLEY
CITY-ST-ZIP RIVER RANCH FL 33867

TITLE MGRM ☐ Delete
NAME JONES, VERNON
STREET ADDRESS 427 WATERWAY DR.
CITY-ST-ZIP RIVER RANCH FL 33867

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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: Harold E Megill

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

Date

Daytime Phone #

7-2-001 863-692-9210

CP2E083 (5/01)

STAPLE CHECK HERE