

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008901

1. Entity Name

SOUTH FLORIDA RANCH, LLC

Principal Place of Business

**1861 Placida Road
Suite 204
Englewood, Florida 34223**

Mailing Address

2. Principal Place of Business

1861 Placida Road

Suite, Apt. #, etc.

Suite 204

City & State

Englewood, Florida

Zip

34223

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

00 MAR 27 PM 2:14

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0977911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIKO P. GUNDERSON

1861 Placida Road, Suite 204

Englewood, Florida 34223

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**

MANAGING MEMBERS / MEMBERS

JAMES T. DUFF

☐ Delete

**8252 Wiltshire Boulevard
Port Charlotte, Florida 33981**

Gian M. Gunderson

☐ Delete

**1861 Placida Road, Suite 204
Englewood, Florida 34223**

10.

ADDITIONS / CHANGES

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

8000003205108

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*******50.00 *****50.00**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

9. 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-29-00

(941) 474-7713

CR05083 (1/100)