2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0100002653 1. Entity Name RANGE 17 FARMS HUNT CLUB, INC. Principal Place of Business Mailing Address

FILED Feb 14, 2002 8:00 am Secretary of State 02-14-2002 90101 038 ****61.25

221 NORTHEAST IVANHOE BLVD. SUITE 205 ORLANDO FL 32804			221 NORTHEAST IVANHOE BLVD. SUITE 205 ORLANDO FL 32804				 	1 7 1 97 0 13 06 113 00 131	4 1 301 2 4 111 4 1 31 5	11118 E(181 B)	(30 (31) (35)
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1	DO NOT WRIT	E IN THIS SP	ACE	
City & Stale			City & State				4. FEI Number 59-3732743			Applied For Not Applicable	
Zip Country		Country	Zip		Country		5. Certificate of Status Desired		□ \$8	\$8.75 Additional Fee Required	
	6. Name and	Address of Current F	legistered Age	ent			7. Name and Add	ress of New Re	egistered Ag	ent	
		<u></u>	·		Name						
SHEPARD, CLIFFORD B III 221 NORTHEAST IVANHOE BLVD.				Street Address ((P.O. Box Number is Not Acceptable)				
SUITE 205 ORLANDO FL 32804					City	City				Zip Code	
SIGNATURE .	Signature, typed or prin	mits this statement for	nd title if applicable.		egistered Agent signa	ture required			DATE Ke Check F	Pavable :	to
i	FILE NOW: FE	EE IS \$61.25	3.	Trust Fund Cor	-		Added to Fees	D	epartment	of State	
10.		OFFICERS AND DIR	ECTORS		11.		ADDITIONS/CHANG	ES TO OFFICER	RS AND DIRE	CTORS IN	
	D Shepard, Cli 221 Northea Orlando Fl	ST IVANHOE BLVD.		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rical 8630 Orlal	do Ramire Summervi ndo, FL 32	ile 18ce 1819		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Boulos, Kati 3201 N.W. 202 Newberry Fl	HERINE E ND STREET	[□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Borganel			☐ Change	Addition
CITY-ST-ZIP	d Abraben, Ree 8620 Millhop Gainesville f	EVE D.M.D. PER ROAD	· (Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		in Wheele Con			Change	☐ Addition '
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barry Av 3237 Ohio Jax.,FL	eritt Aveaure 32773		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		actoppo of Oak Dri		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	_] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Art Horns 9725 SW Archer, 1	17,29# 5t. -L 32618	[□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(407)206-2020