

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *N 01000003075*

1. Entity Name

AMERICAN RANGERS TEEN CONSERVATION  
CORPS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 AUG 25 AM 10:50

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*3757 SHERIDAN AVE.*

3. Mailing Address  
*P.O. BOX 402471*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*MIAMI BEACH, FLA.*

City & State  
*MIAMI BEACH, FLA.*

4. FEI Number  
*65-1102306*

Applied For

Not Applicable

Zip  
*33140*

Country  
*MIAMI*

Zip  
*33140*

Country  
*MIAMI*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*Spiegel & Utrera, P.A.*

Street Address (P.O. Box Number is Not Acceptable)

*1840 Coral Way, 4th Floor*

City  
*MIAMI*

FL

Zip Code

*33145*

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. I am familiar with, and accept the obligations of registered agent.

*300040825223*  
*09/03/04--01071--004 \*\*61.25*

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relistening)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*PSTD  
FORREST, KENNETH  
3757 SHERIDAN AVE.  
MIAMI BEACH, FLA. 33140*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D  
SHEPARD, JUDITH  
3757 SHERIDAN AVE.  
MIAMI BEACH, FLA. 33140*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D  
SHEPARD, JOHN  
3757 SHERIDAN AVE.  
MIAMI BEACH, FLA. 33140*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Forrest*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/24/2004

Date

Daytime Phone #

*325*  
*673-3636*

CR2E037B (12/02)