

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000005269**

1. Entity Name

BRANCH RANCH HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90329 041 ****61.25

Principal Place of Business

**6129 OLD PASCO ROAD
WESLEY CHAPEL FL 33544**

Mailing Address

**6129 OLD PASCO ROAD
WESLEY CHAPEL FL 33544**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COZZO, MARGARET
6129 OLD PASCO ROAD
WESLEY CHAPEL FL 33544**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COZZO, NICOLO	
STREET ADDRESS	6129 OLD PASCO ROAD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	

TITLE	ST	<input type="checkbox"/> Delete
NAME	COZZO, MARGARET	
STREET ADDRESS	6129 OLD PASCO ROAD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	

TITLE	D	<input type="checkbox"/> Delete
NAME	BRANCH, JEFFREY T	
STREET ADDRESS	22312 HALE ROAD	
CITY-ST-ZIP	LAND O'LAKES FL 34639	

TITLE	D	<input type="checkbox"/> Delete
NAME	BRANCH, KATHLEEN	
STREET ADDRESS	22312 HALE ROAD	
CITY-ST-ZIP	LAND O'LAKES FL 34639	

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, DELORAS	
STREET ADDRESS	22312 HALE ROAD	
CITY-ST-ZIP	LAND O'LAKES FL 34639	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-02 (813) 973-7675

CR2E037 (9/01)