

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03373

1. Entity Name

NEW LIFE RANCH, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90368 046 \*\*\*\*70.00

Principal Place of Business

3140 NW 20TH ST  
BELL FL 32619-9802  
US

Mailing Address

3140 NW 20TH ST  
BELL FL 32619-3102  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2453268

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURT, THEODORE M. ESQ  
114 NE FIRST ST  
TRENTON FL 32693

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete  
NAME HINES, PHILIP A.  
STREET ADDRESS RT 2 BOX 2014  
CITY-ST-ZIP BELL FL

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

TITLE PD ☐ Delete  
NAME BELL, RICHARD A  
STREET ADDRESS 3313 NW 14TH AVE  
CITY-ST-ZIP POMPANO BCH FL

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

TITLE D ☐ Delete  
NAME BELL, JEAN M.  
STREET ADDRESS 521 E WADE ST  
CITY-ST-ZIP TRENTON FL

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

TITLE S ☐ Delete  
NAME INTERIAL, BARBARA  
STREET ADDRESS PO BOX 1703, NA  
CITY-ST-ZIP CHIEFLND FL

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

TITLE TD ☐ Delete  
NAME HINES, PATRICIA A.  
STREET ADDRESS RT 2, BOX 2014  
CITY-ST-ZIP BELL FL

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

TITLE D ☐ Delete  
NAME ALVENS, JULIE A  
STREET ADDRESS 3313 NW 14TH AVE  
CITY-ST-ZIP POMPANO FL

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patricia A. Hines*  
Patricia A. Hines - T.D.

4/28/00 (352) 463-6679  
Date Daytime Phone #

CR2E037 (9/99)