

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90092 019 \*\*\*\*61.25

**DOCUMENT # N03373**

1. Entity Name

**NEW LIFE RANCH, INC.**



Principal Place of Business

**3140 NW 20TH ST  
BELL FL 32619-9802  
US**

Mailing Address

**3140 NW 20TH ST  
BELL FL 32619-9802  
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

☐ CHECK HERE IF MAKING CHANGES



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

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  
Florida 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 **CHIEFLAND 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:

*Patricia A. Hines*  
**NATURE REQUIRED Patricia Hines**

**5-27-03 (352)463-6679**

CR2037 (10/02)