

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29335

1. Entity Name

REPAIRER OF THE BREACH RANCH, INC.

Principal Place of Business

10129 JACARANDA AVE.  
CLERMONT FL 34711  
US

Mailing Address

10129 JACARANDA AVE  
CLERMONT FL 34711-7881  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN, EDWARD P., II  
10129 JACARANDA AVE  
CLERMONT FL 34711

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 D ☐ Delete  
NAME JORDAN, EDWARD  
STREET ADDRESS 10129 JACARANDA AVE  
CITY-ST-ZIP CLERMONT FL 34711

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

TITLE D ☐ Delete  
NAME JORDAN, DEBRA  
STREET ADDRESS 10129 JACARANDA AVE  
CITY-ST-ZIP CLERMONT FL 34711

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

TITLE D ☐ Delete  
NAME WILBURN, ADAM  
STREET ADDRESS 1211 SUMTER ST.  
CITY-ST-ZIP MINNEOLA FL 34712

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

TITLE D ☐ Delete  
NAME WILBURN, RUBY  
STREET ADDRESS 1211 SUMTER ST.  
CITY-ST-ZIP MINNEOLA FL 34712

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

TITLE D ☐ Delete  
NAME NEUER, ANITA  
STREET ADDRESS 119 E 26 AVE  
CITY-ST-ZIP WILDEWOOD NJ

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

TITLE D ☐ Delete  
NAME NEUER, PAUL  
STREET ADDRESS 119 E 26 AVE  
CITY-ST-ZIP WILDEWOOD NJ

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

Date

Signature Phone #

FILED  
Mar 24, 2000 8:00 am  
Secretary of State

03-24-2000 90096 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3001819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)