

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29335

1. Entity Name

REPAIRER OF THE BREACH RANCH, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90054 028 ****61.25

Principal Place of Business

10129 JACARANDA AVE
CLERMONT FL 34711
US

Mailing Address

10129 JACARANDA AVE
CLERMONT FL 34711
US

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
59-3001819

Applied For
Not Applicable

5. Certificate of Status Desired - ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 \$61.25

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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

03-23-01 394-6764
Date Daytime Phone

CR2E037 (10/00)