

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002547

1. Entity Name

OUR FAMILY RANCH, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90050 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

%LEONARD D. SIMONS  
P.O. BOX 1137  
ONECO FL 34264

%LEONARD D. SIMONS  
P.O. BOX 1137  
ONECO FL 34264-1137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40 Mary Ann Dorics

40 Mary Ann Dorics

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1137

P.O. Box 1137

City & State

City & State

Oneco, FL

Oneco, FL

Zip

Zip

34264

34264

4. FEI Number

65-0415960

Applied For

Not Applicable

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

HUGHES, ROBERT  
4103 24 ST W.  
BRADENTON FL 34205

Name

Mary Ann Dorics  
Street Address (P.O. Box Number is Not Acceptable)  
27991 - Crosby Road

City

Myakka City

FL

Zip Code

34251

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

Mary Ann Dorics

Mary Ann Dorics-T

3/31/00

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 PD  
NAME DORICS, ROGER  
STREET ADDRESS 3204 61 ST E.  
CITY-ST-ZIP PALMETTO FL 34221

TITLE SD  
NAME Mary Bibus  
STREET ADDRESS 913-B 66th Ave. West  
CITY-ST-ZIP Bradenton, FL. 34207

TITLE VPTD  
NAME HUGHES, ROBERT  
STREET ADDRESS 4103 24 ST W. STE 315  
CITY-ST-ZIP BRADENTON FL 34205

TITLE VPD  
NAME David Parks  
STREET ADDRESS P.O. Box 272  
CITY-ST-ZIP Myakka City, FL. 34251

TITLE SD  
NAME DORICS, MARY ANN  
STREET ADDRESS PO BOX 1137  
CITY-ST-ZIP ONECO FL 34264

TITLE TD  
NAME Mary Ann Dorics  
STREET ADDRESS P.O. Box 1137  
CITY-ST-ZIP Oneco, FL. 34264

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Rodney Dorics  
STREET ADDRESS P.O. Box 1137  
CITY-ST-ZIP Oneco, FL. 34264

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME Charlene Parks  
STREET ADDRESS P.O. Box 272  
CITY-ST-ZIP Myakka City, FL. 34251

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Carol Lancaster  
STREET ADDRESS 2207 - 33rd Ave. E. East  
CITY-ST-ZIP Bradenton, FL. 34208

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

Daytime Phone #

CR2E037 (9/99)