

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90126 040 \*\*\*\*61.25

**DOCUMENT # N93000002547**

1. Entity Name

**OUR FAMILY RANCH, INC.**

Principal Place of Business

% MARY ANN DORICS  
P.O. BOX 1137  
ONECO FL 34264

Mailing Address

% MARY ANN DORICS  
P.O. BOX 1137  
ONECO FL 34264

**00052861**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**27991 Crosby Road**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1137**

Suite, Apt. #, etc.

City & State

**Myakka City, FL**

City & State

**Oneco, FL**

4. FEI Number

**65-0415960**

Applied For

Not Applicable

Zip

**34251**

Country

**Manatee**

Zip

**34264**

Country

**Manatee**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DORICS, MARY ANN  
27991 CROSBY RD  
MYAKKA CITY FL 34251**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DORICS, ROGER	
STREET ADDRESS	3204 61 ST E.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PARKS, DAVID	
STREET ADDRESS	P O BOX 272	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DORICS, MARY ANN	
STREET ADDRESS	PO BOX 1137	
CITY-ST-ZIP	ONLCO FL 34264	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORICO, RODNEY	
STREET ADDRESS	P O BOX 1137	
CITY-ST-ZIP	ONECO FL 34264	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKS, CHARLENE	
STREET ADDRESS	P O BOX 272	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	V.Pres.	<input type="checkbox"/> Delete
NAME	LANCASTER, CAROL	
STREET ADDRESS	2207- 33RD AVE E.	
CITY-ST-ZIP	BRADENTON FL 34208	

TITLE	Sec. Mary Bibus	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Linda Dorics	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4704- 1/2 Park Acres Dr.	
CITY-ST-ZIP	Bradenton, FL. 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Mary Ann Dorics-TD. 4/31/01 941-322-1123**

CR2E037 (10/00)