

2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # N96000003806

1. Entity Name

471 RANCH, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

06-29-2000 90397 028 ****61.25

Principal Place of Business

575 W PIERCE STREET
LAKE ALFRED FL 33850

Mailing Address

575 W PIERCE STREET
LAKE ALFRED FL 33850-2625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3389937

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

DIXON, DAVID

575 W PIERCE STREET
LAKE ALFRED FL 33850

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 PSTD ☐ Delete

NAME DIXON, DAVID
STREET ADDRESS 575 W PIERCE STREET
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE D ☒ Delete

NAME DUDNEY, DAVID
STREET ADDRESS 145 E COLUMBIA ST
CITY-ST-ZIP LAKE ALFRED FL

TITLE D ☒ Delete

NAME DIXON, LARRY A
STREET ADDRESS 575 W PIERCE ST
CITY-ST-ZIP LAKE ALFRED FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Trustee ☐ Change ☒ Addition

NAME Patricia Dixon
STREET ADDRESS 565 W Pierce St.
CITY-ST-ZIP Lake Alfred FL 33859

TITLE Trustee ☐ Change ☒ Addition

NAME Mark Hinez
STREET ADDRESS 565 W. Pierces St
CITY-ST-ZIP Lake Alfred FL 33850

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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)(l), 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

NOTARIAL REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-14-2000

863-956-8134

CR2E037 (9/99)