

2000 UNIFORM BUSINESS REPORT (UBR)

6/

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

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

DOCUMENT # N96000003806

1. Entity Name

471 RANCH, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3389937

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

**DIXON, DAVID
 575 W PIERCE STREET
 LAKE ALFRED FL 33850**

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	PSTD	<input type="checkbox"/> Delete
NAME	DIXON, DAVID	
STREET ADDRESS	575 W PIERCE STREET	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUDNEY, DAVID	
STREET ADDRESS	145 E COLUMBIA ST	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIXON, LARRY A	
STREET ADDRESS	575 W PIERCE ST	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Dixon	
STREET ADDRESS	565 W Pierce St.	
CITY-ST-ZIP	Lake Alfred FL 33859	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Hinez	
STREET ADDRESS	565 W. Pierces St	
CITY-ST-ZIP	Lake Alfred FL 33850	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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:

[Handwritten Signature]
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-2000
 Date

863-956-8134
 Daytime Phone #

CR2E037 (9/99)