

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N99000000636

1. Entity Name

DREAMWEAVER RANCH, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-20-2000 90105 047 ****69.00

Principal Place of Business

Mailing Address

40643 MAGGIE JONES RD.
PAISLEY FL 32767

P.O. BOX 333
PAISLEY FL 32767-0333

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

62-2169725

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

FOX, RONALD M
605 PRAIRIE LANE
ALTAMONTE SPRINGS FL 32714

Name Eickleberry, Roger

Street Address (P.O. Box Number is Not Acceptable)

40643 Maggie Jones Rd.

City Paisley

FL

Zip Code 32767

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

Roger Eickleberry

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/9/00

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 EIKENBERRY, ROGER
STREET ADDRESS 40643 MAGGIE JONES RD.
CITY-ST-ZIP PAISLEY FL 32767 ☐ Delete

TITLE PD
NAME Eickleberry, Roger
STREET ADDRESS 40643 Maggie Jones Rd.
CITY-ST-ZIP Paisley, FL 32767 ☒ Change ☐ Addition

TITLE VPD
NAME FOX, RONALD M
STREET ADDRESS 40643 MAGGIE JONES RD.
CITY-ST-ZIP PAISLEY FL 32767 ☒ Delete

TITLE VPD
NAME Boston, Bill
STREET ADDRESS Same as above
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD
NAME MAJOR, JODIE
STREET ADDRESS 40643 MAGGIE JONES RD.
CITY-ST-ZIP PAISLEY FL 32767 ☒ Delete

TITLE VPD
NAME Goodson, Mark
STREET ADDRESS Same as above
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE TD
NAME KELLY, RHONDA
STREET ADDRESS 40643 MAGGIE JONES RD.
CITY-ST-ZIP PAISLEY FL 32767 ☒ Delete

TITLE SD
NAME Croughwell, Kim
STREET ADDRESS Same as above
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TD
NAME Goodson, Kelly
STREET ADDRESS Same as above
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Roger Eickleberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/00

CR2E037 (9/99)