

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/1

DOCUMENT # N99000001838

1. Entity Name

ADVENTURE RANCH CLUB, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90267 001 \*\*\*\*70.00

Principal Place of Business

2809 NORTHWOOD CIRCLE  
SARASOTA FL 34234

Mailing Address

2809 NORTHWOOD CIRCLE  
SARASOTA FL 34234

2. Principal Place of Business

2192 BORDER RD.

Suite, Apt. #, etc.

3. Mailing Address

2192 BORDER RD.

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

VENICE FL

4. FEI Number

65-0903165

Applied For

Not Applicable

Zip

34292 USA

Zip

34292 USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BISANA, KEITH  
2809 NORTHWOOD CIRCLE  
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name KEITH BISANA

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

2192 BORDER RD

City VENICE

FL

Zip Code

34292

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



KEITH BISANA EC DIR / REGISTERED AGENT

7/9/00

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

After September 13, 2000 min. will be \$236.25

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 PRESIDENT  
NAME KEITH BISANA  
STREET ADDRESS 2192 BORDER RD.  
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE TREASURER  
NAME ALICE BOCCARD  
STREET ADDRESS 1943-B DAREIL DR.  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE SECRETARY  
NAME MARY BURK  
STREET ADDRESS 1402 JOAN AVE. N.  
CITY-ST-ZIP LEHI FL 33936 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/00

941-480-0455

Date

Daytime Phone #