9/12/01-90157-001-\$150.00-\$150.00

	1 UNIFORM BUSI		RT (UI	BR)	riled
1. Entity Nam	DCUMENT #			(1x)	010CT31 PM 2:46
	ce of Business THACE (7470 NE JNOP 1. 32696	Mailing Address 17780-NE 2ND PLACE WILLISTON FI 30696 P.O. BCX 571 WILLISTON FL.	30,00		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address		<u>'</u>	T TERRITOR IN OUTIN BRAIN ROUNI MONA PRINCE BRAIN STATE BRAIN STORE CORRECT CARROL STAND BRAIN DERN
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number Applied For Sq - 36 22 00 3 Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required
FUGATE, NORM D ESQ. Street Address (P.O. Box Num					7. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)
WILLISTO	ON FL 32696		City		FL Zip Code
	Signature, typed or priviled name of registration agent as oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After September 12,	-	50.00	10. Election Campaign Financing \$5.00 May Be
(See crite	ria on back)	Make Check Payable	e to Departn		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAUL M STIGEP P.O. BOX 59; Williston FL - 32690	☐ Delete	12. TITLE NAME STREET ADORE CITY-ST-ZIP	P-0.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN TI APA G. SHARP UP. Sec70es Change Addition Bot 59; Stm Fc. 3 2696
TITLE NAME STREET ADDRESS CATY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRE CITY-ST-ZIP	zs	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADORE CHY-ST-ZIP	SS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLENAME STREET ADDRE CITY-ST-ZIP	s	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORE CITY-ST-ZIP	22	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss	☐ Change ☐ Addition
13. I hereby a indicated of the corchanged	certify that the information supplied with the on this report or supplemental report is poration or the receiver or trustee empore, or on an attachment with an address, w	this filling does not qualify for II true and accurate and that my wered to execute this report as ith all other like empowered.	he exemption signature sha required by	stated in Seculi have the sa Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNAT		AD REOPIN	SHarp		9-08-01 352



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Dear Fl. Dept. of State,

9-08-01

Please note that Willow Creek Ranch Inc. mailing address is:

PO Box 591 Williston Fl. 32696

There is no mail-receptacle at 17470 NE 2nd pl.

You have as our physical address 17450 NE 2nd pl.

We have received no prior notification to file a Uniform Business Report 2001.

It has been brought to my attention that the fee for filing before the penalty date was 150.00. Please find enclosed a check for this amount.

Please contact me at 352-339-1381 if there are any problems.

Thank You, Paul Sharp Pres.

RISO