

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91580 014 ***150.00

DOCUMENT # P00000109968

1. Entity Name

WIND RIVERS RANCH, INC.

Principal Place of Business

**5838 SE FOREST GLADE TRAIL
 HOBE SOUND FL 33455**

Mailing Address

**5838 SE FOREST GLADE TRAIL
 HOBE SOUND FL 33455**

2. Principal Place of Business

6635 SW GATOR TRAIL

Suite, Apt. #, etc.

PALM CITY FL

City & State

3. Mailing Address

6635 SW GATOR TRAIL

Suite, Apt. #, etc.

PALM CITY FL

City & State

Zip

34990

Country

USA

Zip

34990

Country

USA

4. FEI Number

65-1064195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MARSHALL, BETTY J

**5838 SE FOREST GLADE TRAIL
 HOBE SOUND FL 33455**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
 NAME **MARSHALL, BETTY J**
 STREET ADDRESS **5838 SE FOREST GLADE TRAIL**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Delete
 NAME **MARSHALL, BETTY J**
 STREET ADDRESS **5838 SE FOREST GLADE TRAIL**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty J Marshall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 (772) 469-3551

Date

Daytime Phone #

CR2E034 (9/01)