

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90062 049 ***158.75

DOCUMENT # P01000018185
1. Entity Name
 GRACELAND CATTLE, INC.

Principal Place of Business **Mailing Address**
 11708 CASEY RD 11708 CASEY RD
 TAMPA FL 33624 TAMPA FL 33624

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3702231		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUENTES, LAWRENCE F 1407 W BUSCH BLVD TAMPA FL 33612		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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME SPICOLA, JOSEPH A	TITLE	NAME
STREET ADDRESS 11708 CASEY RD	CITY-ST-ZIP TAMPA FL 33624	STREET ADDRESS	CITY-ST-ZIP
TITLE Castro, Jorge M.D. V.P.	NAME 4909 San Miguel	TITLE	NAME
STREET ADDRESS Tampa, Fla 33629	CITY-ST-ZIP Rec Sec	STREET ADDRESS	CITY-ST-ZIP
TITLE Lombardi, Audrey	NAME 210 Hempstead Lane	TITLE	NAME
STREET ADDRESS Wallingford, PA 19086	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE Plasencia M.D. Danny	NAME 3804 Whittington Place	TITLE	NAME
STREET ADDRESS Tampa, Fla 33618 (Director)	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE Richey, Howard	NAME Rt 6 Box 247	TITLE	NAME
STREET ADDRESS Selma, AL 36701	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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)(b), 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: Joseph A Spicola **DATE:** 1/24/02 **Daytime Phone #:** 813 962-4080

CR2E034 (9/01)