2002 UNIFORM BUSINESS REPORT (UBR)

200	2 UNIFOI	RM BUSIN	IESS REPO	RT (UB	R)	FILED
DOCUMENT # P01000109936 1. Entity Name BISHOP RANCH, INC.				Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90272 037 ***158.75		
Principal Place of Business 3337 EVERGREEN RD LORIDA FL 33857			Mailing Address 3337 EVERGREEN RD LORIDA FL 33857			I NABIHABI III BAHAR HANI BAHA BAHA BAHA BAHA IIRH BOHO IIIK JAKO HIKO BAHA BAHA
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State			City & State			4. FEI Number 65 - 1154716 Applied For Not Applicable
Zip	Cour	ntry	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Ac	Idress of Current Re	istered Agent			7. Name and Address of New Registered Agent
RHOADES, CLIFFORD R 227 N RIDGEWOOD DR SEBRING FL 33870				Street Address (P.O. Box Number is Not Aceptable) 3337 EVER SREEN KOAD		
	į			City	RIDE	A FL 33551
SIGNATURE 9. This corporate filing	·	name of registered agent and to	tle if applicable. (NOTE	Registered Agent signs II FEE IS \$150 D2 Fee will be \$	ature required w	10. Election Campaign Financing \$5.00 May Be
11.		OFFICERS AND DIF		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, DONAL PO BOX 519 LORIDA FL 3385	D	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- A	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, R. CAR PO BOX 519 LORIDA FL 3385		Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bish Corr	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	BISHO	SP. Roland C SP Dairy Road DA FL 33857
TITLE NAME Street Address City-St-Zip	-		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bisho Bisho Loeis	Change (X) Addition of Roland C op DAIry Road See FC 33867
TITLE NAME Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3337	Change Addition P DIANCE Evergreen Road Let 33857
TITLE NAME STREET ADDRESS CFTY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change ☐ Addition
indicated of the cor	on this report or supportation or the receive	olemental report is true er or trustee empower	e and accurate and that m	iv signature shall h	have the sai	tion 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