## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 08, 2002 8:00 am Secretary of State P01000121777 DOCUMENT # 1. Entity Name CORNER CREEK RANCH, INC. 04-08-2002 90065 015 \*\*\*150.00 Principal Place of Business Mailing Address 2502 SE 28TH ST 2502 SE 28TH ST CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VANN, RANDALL Jacobs 1992 Street Address (P.O. Box Number is Not Acceptable) 2502 SE 28TH ST CAPE CORAL FL 33904 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back), Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Change Addition TITLE ☐ Delete TITLE VANN, RANDALL J NAME NAME 2502 SE 28TH ST STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE self of VANN, NIKKY NAME NAME STREET AUDRESS STREET ADDRESS 2502 SE 28TH ST CITY-ST-ZIP : 😝 CAPE CORAL FL 33904 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE & CA TITLE ☐ Change ☐ Addition Delete NAME N NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 section of th

GNOBEL J. UANN PROS