


RESUMED 4/5/03

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 09, 2003 8:00 am
Secretary of State

03-27-2003 90127 007 ***150.00

DOCUMENT # P02000032506 1. Entity Name GAMBLE CREEK RANCH, INC.			
Principal Place of Business 357 6 AVE W BRADENTON FL 34205		Mailing Address 357 6 AVE W BRADENTON FL 34205	
2. Principal Place of Business 24105 S.R. 62 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 630 Suite, Apt. #, etc.	
City & State Parrish, FL Zip 34219 Country Manatee		City & State Parrish, FL Zip 34219 Country Manatee	
4. FEI Number 02-0570713		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEEN, BELINDA 357 6 AVE W BRADENTON FL 34205		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Applicable) 24105 State Road 62 City Parrish FL Zip Code 34219	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME DEEN, BELINDA STREET ADDRESS P.O. BOX 630 CITY-ST-ZIP PARRISH FL 34219	<input type="checkbox"/> Delete	TITLE President NAME DEEN, BELINDA STREET ADDRESS P.O. BOX 630 CITY-ST-ZIP PARRISH, FL 34219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Vice President NAME Randall D. Deen STREET ADDRESS P.O. Box 630 CITY-ST-ZIP Parrish, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>SIGNATURE REQUIRED</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/20/03 <small>Daytime Phone #</small>	

CR2E034 (10/02)