

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91391 010 \*\*\*150.00

0443492 AV

DOCUMENT # **P02000070806**



1. Entity Name  
**RUSTIC RANCH OF BRANDON, FLORIDA, INC.**

Principal Place of Business  
**8731 LITHIA PINECREST RD  
LITHIA FL 33547**

Mailing Address  
**8731 LITHIA PINECREST RD  
LITHIA FL 33547**



2. Principal Place of Business

**10312 Bloomingdale Ave.  
Suite, Apt. #, etc.  
Ste. #7**

3. Mailing Address

**10312 Bloomingdale Ave.  
Suite, Apt. #, etc.  
Ste. #7**

CHECK HERE IF MAKING CHANGES

City & State  
**Riverview FL**

City & State  
**Riverview FL**

4. FEI Number

Applied For  
 Not Applicable

Zip Country  
**33569 Hillsborough**

Zip Country  
**33569 Hillsborough**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARVEY, BETTE A  
8731 LITHIA PINECREST RD  
LITHIA FL 33547**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**10312 Bloomingdale Ave  
#7**  
City **Riverview FL** Zip Code **33569**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HARVEY, BETTE A	8731 LITHIA PINECREST RD	LITHIA FL 33547	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		10312 Bloomingdale Ave, #7	Riverview FL 33569	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Bette Harvey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/25/03** (813) 621-2052  
Daytime Phone #

CPRE034 (10/02)