2002 UNIFORM BUSINESS REPORT (UBR)						Jan 08, 2002 8:00 am § Secretary of State				
DOCUMENT # P93000011302										
1. Entity Name  EL RANCHO HUNTING PRESERVE, INC.						01-08-2002				Ą
Principal Plac	ce of Business	Mailing Address								
2153 COON HOLLOW TRAIL		2153 COON HOLLOW TRAIL								
CHIPLEY, FL 32428		CHIPLEY FL 32428 US								
"		00								
2. Principal Place of Business		3. Mailing Address					[FH] <b>     </b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		<b>4.</b> F	El Number <b>59-3172113</b>	 }	Applied For Not Applicable			
Zip Country		Zip Country		ry	5. (	5. Certificate of Status Desired S8.75 Additional Fee Required				
-	6. Name and Address of Current Re	egistered Agent		ندسي سو	7N	iame and Address of New				
VATE DEV.T				Name						
YATES, RE	EX I ON HOLLOW TRAIL			Street Address (P.O. Box Number is Not Acceptable)						1
CHIPLEY F	* *		ŀ							1
			-	City			FL	Zip Cod	e	1
. The above	named entity submits this statement for the	he purpose of changing its re	egistere	d office or r	egistered age	ent, or both, in the State of FI		ļ		ł
01011471105										
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered	Agent signatur	e required when re	instating)	DATE			
			W!!! FEE IS \$150.00			10. Election Campaign Financing \$5.00 May Be				
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee w Make Check Payable to Dep				Trust Fund Contribution Added			to Fees	
11.	OFFICERS AND DI	RECTORS	12.		ADI	L DITIONS/CHANGES TO OFF	FICERS AND I	DIRECTOR	S IN 11	1_
TITLE NAME	D YATES, REX T	☐ Delete	TITLE NAME				I	☐ Change	☐ Addition	CR2E034 (9/01)
1	2153 COON HOLLOW TRAIL			T ADDRESS						8
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-	ST-ZIP		-				32E0
TITLE NAME		☐ Delete	TITLE NAME	1			(	Change	Addition	5
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP		<u> </u>	1	ST-ZIP						
TITLE NAME		☐ Delete	TITLE	- -		*	[	Change	☐ Addition	l
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			•	ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				ĺ	Change	☐ Addition	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP TITLE		П	CITY-	ST-ZIP				7.0		-
NAME		☐ Delete	TITLE				l	Change	☐ Addition	
STREET ADDRESS			STREE	T ADDRESS						
CITY-ST-ZIP TITLE			CITY-S	ST-ZIP			-	T 06	□ <b>A</b> 3.00-	
NAME		☐ Delete	TITLE	İ		•	L	Change	☐ Addition	

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 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:

\*\*The Control of the component 
STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP