

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/12

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90047 025 \*\*\*150.00

**DOCUMENT # P93000073556**

1. Entity Name  
**RENAISSANCE RANCH, INC.**

Principal Place of Business 6420 37TH STREET VERO BEACH FL 32966	Mailing Address 6420 37TH STREET VERO BEACH FL 32966-7859 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0454085</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>ANDERSON, MICHAEL R 6420 37TH STREET VERO BEACH FL 32966</b>				7. Name and Address of New Registered Agent			
				Name <b>MARCIA ANDERSON</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>6420 37th Street</b>			
				<b>VERO BEACH, FL</b>			
				City		Zip Code <b>32966</b>	

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 *Marcia Anderson* DATE *April 5, 2000*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	PD ANDERSON, MARCIA A.	<input checked="" type="checkbox"/> Delete		TITLE NAME	S/D MICHAEL ANDERSON	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	6420 37TH ST			STREET ADDRESS	6420 37th St		
CITY-ST-ZIP	VERO BCH. FL			CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE NAME	SD ANDERSON, CHRYSTAL	<input type="checkbox"/> Delete		TITLE NAME	P/D CHRYSTAL ANDERSON	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	6420 37TH ST			STREET ADDRESS	6420 37th Street		
CITY-ST-ZIP	VERO BCH. FL			CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: *Marcia Anderson* REQUIRED DATE: *3-5-2000* DAYTIME PHONE #: *561-770-1136*

*Chrystal Anderson, Pres 4-10-00*  
**CHRYSTAL ANDERSON**

CR2E034 (9/99)