

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P93000087519****1. Entity Name**  
ELDORADO PASO FINO'S, INC.

<b>Principal Place of Business</b> 8630 FLORIDA BOYDS RANCH RD CLERMONT FL 34711	<b>Mailing Address</b> 8630 FLORIDA BOYDS RANCH RD CLERMONT FL 34711
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**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**  
**59-3213632**Applied For  
Not Applicable**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**INGRAM ROBERT C  
8630 FLORIDA BOYDS RANCH RD

CLERMONT FL 34711

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 ROBERT C. INGRAM****04/29/2000**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☒**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**

<b>TITLE</b> VP <b>NAME</b> INGRAM ROBERT C <b>STREET ADDRESS</b> 8630 FL BOYS RANCH RD <b>CITY-ST-ZIP</b> CLERMONT FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> P <b>NAME</b> INGRAM DEBRA A <b>STREET ADDRESS</b> 8630 FL BOYS RANCH RD <b>CITY-ST-ZIP</b> CLERMONT FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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** Robert C. Ingram

VP 04/29/2000