

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016517

1. Entity Name
FLYING B RANCH, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90442 037 ***150.00

Principal Place of Business
12208 2ND ST E
TREASURE ISLAND FL 33706

Mailing Address
20143 HWY 135
CRESTED BUTTE CO 81224
US

2. Principal Place of Business
20143 Hwy 135
Suite, Apt. #, etc.
CRESTED BUTTE
City & State
CO

3. Mailing Address
Suite, Apt. #, etc.
City & State



DO NOT WRITE IN THIS SPACE

Zip
81224 Country
USA

Zip Country

4. FEI Number **59-3321692**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAUFFMAN, JAY E
6526- CENTRAL AVE.
SUITE 203
ST PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name
SIDNEY WERNER
Street Address (P.O. Box Number is Not Acceptable)
5720 Central Ave
City **St. Petersburg** **FL** Zip Code **33707**

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 *Sidney Werner* **SIDNEY WERNER**
Signature typed or printed name of registered agent and title if applicable.

3/15/01
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE **VD** ☐ Delete
NAME **BUSH, STUART A**
STREET ADDRESS **20143 HWY 135**
CITY-ST-ZIP **CRESTED BUTTE CO 81224**

TITLE **PSTD** ☐ Delete
NAME **JOANN E. BUSH**
STREET ADDRESS **20143 HWY 135**
CITY-ST-ZIP **CRESTED BUTTE CO 81224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *J. Bush* **J. Bush**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01
Date

Daytime Phone #

CR2E034 (10/00)