2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P95000034868 1. Entity Name 🙉 📜 🚉 BAKER RANCH, INC. 02-01-2000 90048 027 ***150.00 Mailing Address Principal Place of Business 1415 BRUNO RD 1415 BRUNO RD CLERMONT FL 34711 CLERMONT FL 34711-9549 00013274 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3358182 Not Appelle Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WYNN, W. SCOTT ESQ Street Address (P.O. Box Number is Not Acceptable) 145 E. BROAD ST **GROVELAND FL 34736** 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 _____ Signature, typed or printed name of registered agent and title if applicable. ·(NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change PD ... ☐ Delete TITLE TITLE NAME NAME BAKER, JACK G STREET ADDRESS STREET ADDRESS 1415 BRUNO RD-CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Change ☐ Delete TITLE TITLE BAKER, JOYCE G NAME NAME STREET ADDRESS STREET ADDRESS 1415 BRUNO RD CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Change ☐ Delete TITLE. -- . -**BRONSON, JOYCE MARIE** NAME NAME STREET ADDRESS STREET ADDRESS 1747 BRUNO RD CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 _ · · · · TITLE ☐ Delete TITLE Change NAME BAKER, JOSEPH ROGER STREET ADDRESS STREET ADDRESS 8300 COUNTY RD 474 CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 _ ----TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F TITLE NAME 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 is changed, or on an attachment with an address, with all giner like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGN

Ack G. BAKER 20 Judoo 3573.