

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90044 016 \*\*\*150.00

**DOCUMENT # P95000036491**

1. Entity Name

**TWIN FALLS PLANTATION, INC.**

Principal Place of Business

Mailing Address

965 INDIAN CREEK RANCH RD.  
 DE FUNIAK SPRINGS FL 32433  
 US

P.O. BOX 1257  
 DE FUNIAK SPRINGS FL 32435-1257  
 US

348000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8632 ROSEMONT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PENSACOLA, FL

City & State

City & State

4. FEI Number

59-3319076

Applied For

Not Applicable

Zip

Country

Zip

Country

32514

USA  
 ESCADIA

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

ROBINSON, CRAIG S. C  
 1184-D CIR  
 SUITE 205  
 DE FUNIAK SPRINGS FL 32433

Name

EUGENE R. BORCZ

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

8632 ROSEMONT DR.

City

PENSACOLA

FL

Zip Code

32514

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

*Eugene R. Borcz*  
 Signature, typed or printed name of registered agent and title if applicable.

*PREs*  
 (NOTE: Registered Agent signature required when reinstating)

DATE

04/15/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BORCZ, EUGENE R	
STREET ADDRESS	101 E GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORCZ, GERRY A	
STREET ADDRESS	101 E GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8632 ROSEMONT DR
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8632 ROSEMONT DR.
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X

*Eugene R. Borcz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/00 (800) 432-1411  
 Date Daytime Phone #

CR2E034 (9/99)