

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036684

1. Entity Name
LAST CHANCE RANCH, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90168 001 ***150.00
05-17-2001 90168 002 *****8.75

Principal Place of Business
12495 148TH ROAD NORTH
PALM BEACH GARDENS FL 33418

Mailing Address
12495 148TH ROAD NORTH
PALM BEACH GARDENS FL 33418

243 Lake Ella Road
Fruitland Park, FL 34731

Fruitland Park FL 34731



2. Principal Place of Business
243 Lake Ella Road

3. Mailing Address
243 Lake Ella Road

Suite, Apt. #, etc.
Fruitland Park, FL

DO NOT WRITE IN THIS SPACE

City & State
Fruitland Park FL

4. FEI Number 65-0579276
Applied For
Not Applicable

Zip Country
34731 Lake

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

ELLIOTT, JENNIFER
12495 148TH ROAD NORTH
PALM BEACH GARDENS FL 33418

243 Lake Ella Rd
Fruitland Park,
FL 34731

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 _____
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ELLIOTT, JENNIFER
STREET ADDRESS 12495 148TH ROAD NORTH
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE
NAME 243 Lake Ella Road
STREET ADDRESS Fruitland Park FL 34731
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2001 352-728-1944
Date Daytime Phone #

CR2E034 (10/00)