2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P95000038230** BALLESTER'S DOUBLE H RANCH, INC. 01-18-2000 90079 009 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 1686 5430 COUNTY ROAD 634, SOUTH BUSHNELL FL 33513-1686 BUSHNELL FL 33513 SPULUU 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant # etc. Applied For City & State City & State 4. FEI Number 59-3320325 Not A Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALLESTER, HENRY J Street Address (P.O. Box Number is Not Acceptable) 5430 COUNTY ROAD 634, SOUTH **BUSHNELL FL 33513** Zip Code FL 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Delete TITLE TITLE BALLESTER, HENRY J BALLESTER, HOLLY LEE NAME NAME 5430 COUNTY ROAD 634, SOUTH 5430 COUNTY ROAD 634, SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BUSHNELL, FL 33513 CITY-ST-ZIP **BUSHNELL FL 33513** Change Delete TITLE BALLESTER, HOLLY LEE BALLESTER, HENRY J NAME NAME 5430 COUNTY ROAD 634 SOUTH BUSHNELL, FL 33513 STREET ADDRESS STREET ADDRESS P O BOX 1686 N/A CITY-ST-ZIP CITY-ST-ZIP **BUSHNELL FL 33513** ☐ Change Delete TITLE TITLE NAME 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ *.:.":. ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 changed, or on an attachment with an address, with all other like empowered.

01-05-00 351-568-2557