

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043557

1. Entity Name

L L RANCH, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90082 020 ***150.00

Principal Place of Business

2800 SE DOWNWINDS ROAD
JUPITER FL 33478

Mailing Address

2800 SE DOWNWINDS ROAD
JUPITER FL 33478-1826

2. Principal Place of Business

8295 SW 48th AVE
Suite, Apt. #, etc.

3. Mailing Address

8295 SW 48th AVE
Suite, Apt. #, etc.

City & State

PALE CITY, FL

City & State

PALE CITY, FL

4. FEI Number

65-0671789

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

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

LARSEN, LEIGH A
2800 SE DOWNWINDS ROAD
JUPITER FL 33478

Name LEIGH LARSEN

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

150 N.W. Hwy 1
SUITE 7

City

TEQUESTA

FL

Zip Code

33469

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

Leigh Larsen
Signature, typed or printed name of registered agent and title if applicable. LEIGH LARSEN

(NOTE: Registered Agent signature required when reinstating)

2/28/00
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, 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	LARSEN, LEIGH A	
STREET ADDRESS	2800 SE DOWNWINDS ROAD	
CITY-ST-ZIP	JUPITER FL 33478	
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
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, LEIGH A	
STREET ADDRESS	8295 SW 48th AVE	
CITY-ST-ZIP	PALE CITY, FL 34990	
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		
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:

Leigh Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)