

2000 UNIFORM BUSINESS REPORT (UBR)

3/6/1

FILED

May 03, 2000 8:00 am
Secretary of State

03-06-2000 90080 001 ***150.00

DOCUMENT # P97000018262

1. Entity Name

GROWER & RANCHER ESTATE TAX ADVISORS, INC.

Principal Place of Business

Mailing Address

13921 WATERFRONT DR
B
PINELAND FL 33945
US

PO BOX 490
PINELAND FL 33945-0490
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3442657**

Applied For
Not Applicable

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

WOLDING, LYLE
27344 GOLF COURSE LOOP
WESLEY CHAPEL FL 33544

Name **TED CANNELLA**
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 490

City **Pineland** **FL** Zip Code **33945**

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

2-14-2000

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	WOLDING, LYLE	
STREET ADDRESS	27344 GOLF COURSE LOOP	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANNELLA, TED	
STREET ADDRESS	2910 VILLA ROSA PARK	
CITY-ST-ZIP	TAMPA FL 33611	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TED CANNELLA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TED CANNELLA	
STREET ADDRESS	PO BOX 490 13921 WATERFRONT DR	
CITY-ST-ZIP	PINELAND, FL 33945	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #