

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90088 019 ***150.00

0537068

DOCUMENT # P97000018262

1. Entity Name

GROWER & RANCHER ESTATE TAX ADVISORS, INC.

Principal Place of Business

~~13921 WATERFRONT DR~~
~~FL~~
PINELAND FL 33945
~~US~~

Mailing Address

PO BOX 490
PINELAND FL 33945
US

150881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16210 Antigua WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bokeelia FL

City & State

4. FEI Number

59-3442657

Applied For

Not Applicable

Zip

33922

Country

LEE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANNELLA, TED
PO BOX 490
13921 WATERFRONT DR.
PINELAND FL 33945

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME **D WOLDING, LYLE**
 STREET ADDRESS **27344 GOLF COURSE LOOP**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE ☐ Delete
 NAME **D CANNELLA, TED**
 STREET ADDRESS **13921 WATERFRONT DR.**
 CITY-ST-ZIP **PINELAND FL 33945**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-01 94-293-9563

CR2E034 (10/00)