FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 30, 2001 8:00 am DOCUMENT # P97000052460 **Secretary of State** CARLIN RANCH, INC. 03-30-2001 90334 012 \*\*\*150.00 Principal Place of Business Mailing Address 14000 M-J ROAD 14000 M-J ROAD MYAKKA CITY FL 34251 MYAKKA CITY FL 34251 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2000883 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARLIN, G. PETER Street Address (P.O. Box Number is Not Acceptable) 14000 M-J ROAD MYAKKA CITY FL 34251 City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete CAPLIN, G. PETER CARLIN, G. PETER NAME NAME 14000 M-J ROAD 14000 M-J ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MYAKKA CITY FL 34251 CITY-ST-ZIP MYAKKA CITY, FL 34251 TITLE ☐ Delete TITLE CARLIN, JUDITH F CARLIN, TUDITH F. NAME STREET ADDRESS 14000 M-J ROAD STREET ADDRESS 14000 M-J ROAD MYAKKA GITY, FL 34251 CITY-ST-ZIP MYAKKA CITY FL 34251 CITY-ST-ZIP ☐ Detete ■ Addition PETER CARLIN. NAME~~ ~~ NAME 2913 W. BAY CT. AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP FC 33611 CITY-ST-ZIP (AMPA TITLE □ Delete TITLE Change Addition STEVE CARLIN NAME NAME 111 W. 5744 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MY TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 eath; 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 attackment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR