

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000025121**1. Entity Name  
**LUCKY STAR RANCH, INC.****Principal Place of Business**

10461 EAST BUSHNELL ROAD

FLORAL CITY

34436

FL

**Mailing Address**

PO BOX 979

FLORAL CITY

34436

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3590667**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CARLSON BRIAN C.P.A.**  
1121 STERLING ROAD**INVERNESS FL**  
344500328**7. Name and Address of New Registered Agent**

Name

**CARLSON BRIAN C.P.A.**

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

1121 STERLING ROAD

City  
**INVERNESS****FL**Zip Code  
**34450**

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 \_\_\_\_\_ **05/02/2001**

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	DS	<input type="checkbox"/> Delete
NAME	VON BATEMBERS FRIEDRICH C	
STREET ADDRESS	10461 E. BUSHNELL RD.	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DON BATEMBERG FRIEDRICH C	
STREET ADDRESS	10461 E BUSHNELL RD.	
CITY-ST-ZIP	FLORAL CITY FL 34436	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASUTT VON BATEMBERGFRIEDRICH	
STREET ADDRESS	10461 E. BUSHNELL RD.	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASUTT VON BATEMBERGURSULA	
STREET ADDRESS	10461 E BUSHNELL RD.	
CITY-ST-ZIP	FLORAL CITY FL 34436	
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: Ursula Casutt von Batemberg**

Pres

05/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)