

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026305

1. Entity Name  
R & R RANCH OF MILTON, FLORIDA, INC.

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90068 015 \*\*\*150.00

Principal Place of Business

6988 PINE BLOSSOM ROAD  
MILTON FL 32570

Mailing Address

6988 PINE BLOSSOM ROAD  
MILTON FL 32570

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

59-3562360

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

ROPELLA, ROBBIE J

6988 PINE BLOSSOM ROAD  
MILTON FL 32570

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **P** ☐ Delete  
NAME **ROPELLA, ROBBIE J**  
STREET ADDRESS **6988 PINE BLOSSOM ROAD**  
CITY-ST-ZIP **MILTON FL 32570**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

*Robbie J. Repella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/2002  
Date

850-983-4777  
Daytime Phone #

CR2E034 (4/02)

Attachment

P98 000 026305

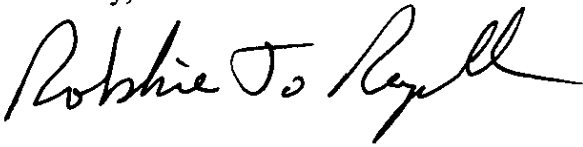
August 20, 2002

To Whom It May Concern:

Attached is a check in the amount of \$150.00 along with the Uniform Business Report for R & R Ranch. At this time I am asking that the additional \$400.00 charge be waived. This is the firm report I received this year. Had I received the report earlier, it would have been paid by the due date.

Thank you for your consideration and assistance.

Sincerely,



Robbie J. Ropella  
President