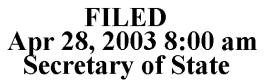
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**



1. Entity Name RIVER FORK RANCH, INC.						04-28-2003 90953 028 ***150.00			
Principal Place of 615 N. COUNTY PALM BEACH FL	ROAD	.cidress IGFORD DRIVE LM BEACH FL 33406							
2. Principal Plac	ce of Business	3. Mailin	3. Mailing Address			T TREATION AND INION AREA WATER BRAIN WELL BURER BLAIN DETENT (DIES BOATS 1884)			
Suite, Apt. #,	etc.	Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City &	City & State			6h-1838377h		pplied For ot Applicable	
Zip	Country	Zip		Country	<b>5</b> . Ce	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				
$\Gamma_{ij} = \Gamma_{ij} = \Gamma$				Name	Name				
WADDELL, C. WILLIAM 1501 LANGFORD DRIVE				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	BEACH FL 33406								
·· <del>·······</del>				City	FL Zip Code				
8. The above na the obligation	amed entity submits this statem as of registered agent.	ent for the purpos	se of changing its re	egistered office or regi	stered ager	nt, or both, in the State of Florida. I am fa	amiliar with	, and accept	
SIGNATURE	gnature, typed or printed name of registered	d agent and title if applic	able. (NOTE:	Registered Agent signature rec	quired when reins	stating) DATE		<del></del>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.	Adde	<b>00</b> May Be d to Fees	
10. OFFICERS AND DIRECTORS			S	11.	ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
STREET ADDRESS 15	/ADDELL, C WILLIAM 501 LANGFORD DR. J.P. B. FL 33406		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
STREET ADDRESS 1	P EALL, JULIA W 501 LANGFORD DR. V.P. BCH FL 33406		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE S	Τ		□ Delete	TITLE		Control of the Control	Change	☐ Addition	

NAME PECORI, HELEN W 1501 LANGFORD DR. STREET ADDRESS STREET ADDRESS W.P. BCH FL 33406 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

4/24/03

845-2136