

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90036 014 ***150.00

DOCUMENT # P98000056114

1. Entity Name
BIG CREEK RANCH, INC.

Principal Place of Business

**12 OLD FERRY RD
 SHALIMAR FL 32579**

**P.O. Box 876
 12 OLD FERRY RD
 SHALIMAR FL 32579**

2. Principal Place of Business

3. Mailing Address

P.O. Box 876

**Suite, Apt. #, etc.
 12 Old Ferry Rd.**

**City & State
 SHALIMAR FL.**

**Zip Country
 32579 FL 32579**



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **63-0371391**

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

**PINKERTON, DREW S
 25 NE WALTER MARTIN RD
 FORT WALTON BEACH FL 32548**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **HARRISON, JOHN**
 CITY-ST-ZIP **12 OLD FERRY RD
 SHALIMAR FL 32579**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PINKERTON, DREW S**
 CITY-ST-ZIP **25 NE WALTER MARTIN RD
 FORT WALTON BEACH FL 32548**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BOYETTE, WAYNE**
 CITY-ST-ZIP **12 OLD FERRY RD
 SHALIMAR FL 32579**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02 850-651-0354

Date

Daytime Phone #

CR2E034 (4/02)

Attachment 976937

#PS8000036114

August 26, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: BIG CREEK RANCH, INC.

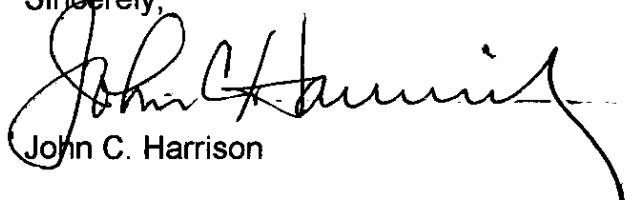
Dear Sir or Madam:

Please be advised that we did not receive any notice of the Report being due between January 1 and May 1, 2002. The first notice we received was the 60-day notice that our corporation would be dissolved if we did not pay by September 13, 2002.

I am enclosing our check in the amount of \$150 anticipating that this will be the only fee necessary since we never got the initial notice.

If there is a problem, please contact me. Otherwise, I will assume everything is satisfactory.

Sincerely,



John C. Harrison

jch/kja

Enclosures: as stated