

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059104

1. Entity Name

R BAR CATTLE COMPANY

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90003 025 \*\*\*150.00

Principal Place of Business

Mailing Address

FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD. #3100  
MIAMI FL 33131

FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD. #3100  
MIAMI FL 33131-2305

2. Principal Place of Business

3. Mailing Address

5501 SW Sunshine Farms Way  
Suite, Apt. #, etc.

Same

City & State  
Palm City, FL

City & State

4. FEI Number 65-0850134

Applied For  
Not Applicable

Zip  
34990

Country  
USA

Zip

Country

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

RICHEY, WILLIAM L  
5501 S.W. SUNSHINE FARMS WAY  
PALM CITY FL 34990

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.

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RICHEY, WILLIAM L  
200 S. BISCAYNE BLVD #3450  
MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5501 S.W. Sunshine Farms Way  
Palm City, FL 34990 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Date

3/8/2000

305-372-8808

561-220-0558

CR2E034 (9/99)