

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088279

1. Entity Name

WINDMILL RANCH & AUCTION, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90465 018 ***150.00

Principal Place of Business

11350 NW 15TH AVE
BRANFORD FL 32008

Mailing Address

P.O. BOX 330
BRANFORD FL 32008

2. Principal Place of Business

11350 N W 15th Ave

3. Mailing Address

P.O. Box 330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANFORD FL

City & State

BRANFORD FL

4. FEI Number

59-3540693

Applied For

Not Applicable

Zip

32008 USA

Zip

32008

Country

USA

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

LEWIS, GLORIA
11350 NW 15TH AVE
BRANFORD FL 32008

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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	D	<input type="checkbox"/> Delete
NAME	LEWIS, GLORIA	
STREET ADDRESS	11350 NW 15TH AVE	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

Gloria Lewis, Gloria Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 904 935 9300

Date

Daytime Phone #

CR2E034 (9/99)