FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000095344

SARASOTA RANCHLANDS, INC.

Principal Place of Business

Mailing Address

240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA FL 34236

240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA FL 34236

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90111 048 ***150.00



DO NOT WRITE IN THIS SPACE

						[Date Incorporated or Qualifed				
							11/12/1998				
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		1	Applied For	
	Barber Road	1943 Barber Road				l	65-0901150			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.								Additional	
22		27					5. Certificate of Status Desired	. <u>.</u>	Fee I	Required	
City & State	e	City & State					6. Election Campaign Financing		•	May Be	
23 Saras	sota, FL	28 Sarasota , FL					Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	Cou	intry			8. This corporation owes the currer	nt year Inta		_	
34240) 25 <u>USA</u>	29 34240				1	Personal Property Tax.				
_	9. Name and Address of Current	Registered Agent					10. Name and Address of New Re	gistered A	gent_		
5114	OCI IECEDEN O			81	Name						
	SELL, JEFFREY S		82 Street Addr			Address	s (P.O. Box Number is Not Acceptab	le)			
	S. PINEAPPLE AVE., 10TH FLOOF										
	ASOTA FL 34236		83								
	tig			84	City			-	85 Zig	p Code	
	•			**	City			FL	65 -7	p Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	uthorized	i by t	-named on the corporate	corpora oration's	ation submits this statement for the p s board of directors. I hereby accept	urpose of o the appoin	hanging i tment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered	Agent	signature re	equired wh	hen reinstating)	DATE			
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFI	ICERS AN	DIRECT	TORS IN 12	
TITLE	D	⊠ DELETE			DPS				Change	e 🔀 Addition	
NAME	RUSSELL, JEFFREY S		1.2 N		,		fry L. Forbes				
STREET ADDRESS	240 S. PINEAPPLE AVE., 10TH F	OOR 13.51		REET.			3 Barber Road				
CITY-ST-ZIP	SARASOTA FL 34236	20011		TY-ST	i		asota, FL 34240				
TITLE	ONINOCIA I E GIEGO	☐ DELETE	2.1 11				45064, 13 31210		☐ Chang	e X Addition	
NAME		_	2.2 N			DT Will	liam A. McAlpine				
STREET ADDRESS					ADDRESS	Ι.	3 Barber Road				
		•		ITY-ST	i						
CITY-ST-ZIP	_	DELETE	3.1 TI		·ZP	. v	asota, FL 34240		Change	e X Addition	
	3		3.2 N				istopher Forbes				
NAME	•				ADDRESS	l .	3 Barber Road				
STREET ADDRESS	•						asota, FL 34240				
CITY-ST-ZIP		☐ DELETE	3.4, C 4.1 TI	ITY-ST	-217	Dar	2301a, FL 37240		Change	e 🔲 Addition	
TITLE					(9		
NAME			4.2 N		1000000						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		DELETE		TY-ST	-ZtP			· · · · · · · · · · · · · · · · · · ·	Change	e Addition	
TITLE		∐ DELETE	5.1 TF 5.2 N						L. Chang		
NAME			1		*****						
STREET ADDRESS	•				ADORESS						
CITY-ST-ZIP			5.4 CI 6.1 TI	TY-ST	-ZIP					e Addition	
TITLE		☐ DELETE							☐ Chang	e Monton	
NAME			6.2 N								
STREET ADDRESS		,			ADDRES\$						
CITY-ST-ZIP		·		TY-ST							
14. I hereby o	certify that the information supplied with	this filing does not qualify for	r the exe	mptic	on stated	in Sec	ction 119.07(3)(i), Florida Statutes. I f	turther cert	ty that the	e information	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar 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 12 or Block 13 if changed, or on an attantinent with an address, with all other like empowered.