

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000095344**

1. Entity Name

SARASOTA RANCHLANDS, INC.**FILED**
May 01, 2000 8:00 am
Secretary of State

02-09-2000 90335 001 ***300.00

Principal Place of Business

1943 BARBER RD
SARASOTA FL 34240
US

Mailing Address

1943 BARBER RD
SARASOTA FL 34240-8303
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0901150**

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

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

Name

Forbes, Jeffery L.

Street Address (P.O. Box Number is Not Acceptable)

1943 Barber Road

City

Sarasota**FL**Zip Code
34240

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 **Jeffery L. Forbes, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when restating)

1/12/2000

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 State10. 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DPS	FORBES, JEFFREY L	1943 BARBER RD	SARASOTA FL 34240	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT	MCALPINE, WILLIAM	1943 BARBER RD	SARASOTA FL 34240	<input checked="" type="checkbox"/> Delete	DT	MacAlpine, William A.	1943 Barber Road	Sarasota, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V	FORBES, CHRISTOPHER	1943 BARBER RD	SARASOTA FL 34240	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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: *William MacAlpine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

Date

603-433-6655

Daytime Phone #