

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100046

1. Entity Name

DARK HAMMOCK RANCHES, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90040 007 ***150.00

Principal Place of Business

Mailing Address

7900 PETERS RD., #B-100
PLANTATION FL 33324

7900 PETERS RD., #B-100
PLANTATION FL 33324-4023

2. Principal Place of Business

3. Mailing Address

8211 W. BROWARD BLVD
Suite, Apt. #, etc.
420

8211 W. BROWARD BLVD
Suite, Apt. #, etc.
420



DO NOT WRITE IN THIS SPACE

City & State
PLANTATION, FL

City & State
PLANTATION, FL

4. FEI Number
65-0880910

Applied For
Not Applicable

Zip
33324

Country

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

FINE, STEVEN P.A.
109 S.E. 9TH ST.
FT. LAUDERDALE FL 33316

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
WINSTON, BRADLEY
7900 PETERS RD., #B-100
PLANTATION FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8211 W. BROWARD BLVD. Suite # 420
PLANTATION, FL 33324 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CORNELIUS, DAVID
GREEN HILLS, INC., 601 SE 128TH AVE
OKEECHOBEE FL 34974 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERGER, PHILIP
CALDWELL BANKER, 800 S. PARROTT AVE.
OKEECHOBEE FL 34974 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

954-475-9666

Daytime Phone #

CR2E034 (9/99)