## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P99000056619** Mar 03, 2000 8:00 am 1. Entity Name 710 LAND & CATTLE, INC. **Secretary of State** 03-03-2000 90030 004 \*\*\*150.00 Principal Place of Business Mailing Address 11525 HWY, 710 11525 HWY. 710 OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0932765 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ENRICO, ROBERT S** Street Address (P.O. Box Number is Not Acceptable) 11525 HWY. 710 **OKEECHOBEE FL 34974** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE TITLE ☐ Delete ENRICO, ROBERT S NAME NAME STREET ADDRESS 11525 HWY, 710 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ENRICO, HILDA M NAME STREET ADDRESS STREET ADDRESS 11525 HWY, 710 CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974** ☐ Change ☐ Addition Delete TITLE NAME WHITEHEAD, WILLIAM D STREET ADDRESS STREET ADDRESS 12250 S.E. 65TH LN. CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974** ☐ Change ☐ Addition ☐ Delete TITLE TITLE WHITEHEAD, BARBARA J NAME NAME STREET ADDRESS STREET ADDRESS 12250 S.E. 65TH LN. CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974** ☐ Delete TITLE ☐ Change ☐ Addition TITLE CORNELIUS, DAVID T NAME NAME STREET ADDRESS STREET ADDRESS 6001 S.E. 128TH ST. CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974** [] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

address, with all other like empowered.

EMPILO

1-11-00

863.763-2838

Date

Daytime Phone #