

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000056619**

1. Entity Name

710 LAND & CATTLE, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90061 040 ***150.00

0631003

Principal Place of Business

11525 HWY. 710
OKEECHOBEE FL 34974

Mailing Address

11525 HWY. 710
OKEECHOBEE FL 34974

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 **65-0932765**

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

ENRICO, ROBERT S
11525 HWY. 710
OKEECHOBEE FL 34974

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, 2001 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

TITLE	D <input type="checkbox"/> Delete
NAME	ENRICO, ROBERT S
STREET ADDRESS	11525 HWY. 710
CITY-ST-ZIP	OKEECHOBEE FL 34974
TITLE	D <input type="checkbox"/> Delete
NAME	ENRICO, HILDA M
STREET ADDRESS	11525 HWY. 710
CITY-ST-ZIP	OKEECHOBEE FL 34974
TITLE	D <input type="checkbox"/> Delete
NAME	WHITEHEAD, WILLIAM D
STREET ADDRESS	12250 S.E. 65TH LN.
CITY-ST-ZIP	OKEECHOBEE FL 34974
TITLE	D <input type="checkbox"/> Delete
NAME	WHITEHEAD, BARBARA J
STREET ADDRESS	12250 S.E. 65TH LN.
CITY-ST-ZIP	OKEECHOBEE FL 34974
TITLE	D <input type="checkbox"/> Delete
NAME	CORNELIUS, DAVID T
STREET ADDRESS	6001 S.E. 128TH ST.
CITY-ST-ZIP	OKEECHOBEE FL 34974
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-05-01

863-763-2832

CR2034 (10/00)