2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P99000070170

1. Entity Name: L.W. RANDOLPH THOROUGHBREDS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC 14 AM 11:39

Principal Place of Business: ~~899 SW Hwy 484 Ocala, FL 34473~~

Mailing Address: ~~PO Box 11134 Ocala FL 34473~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4101 NW 89th PL	4101 NW 89th PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala FL
Zip: 34482 Country: USA	Zip: 34482 Country: USA

4. FEI Number: 59-3599375 ☐ 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
CRANE, HEIDI-JO 899 SW Hwy 484 Ocala FL 34473	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] DATE: 11/20/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	CRANE, HEIDI JO	NAME	CRANE, HEIDI JO
STREET ADDRESS	899 SW Hwy 484	STREET ADDRESS	4101 NW 89th PL
CITY-ST-ZIP	Ocala FL 34473	CITY-ST-ZIP	Ocala FL 34482
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	200004743692--6
STREET ADDRESS		STREET ADDRESS	-12/31/01--01012--013
CITY-ST-ZIP		CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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] HEIDI CRANE Date: 11/30/01 Daytime Phone #: 352-266-6258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Department of State:

Please accept check 3145 as payment for filing our annual Uniform Business report (UBR). We did not receive our original report due to relocation this spring.

Thank You
HEIDI CRANE
Heidi Crane