

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90148 001 ***150.00

DOCUMENT # P99000092365

1. Entity Name

SCARBROUGH RANCH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
416 SE Poma Way

Suite, Apt. #, etc.

3. Mailing Address
416 SE Poma Way

Suite, Apt. #, etc.

City & State
Stuart, Florida

Zip
34994

Country

City & State
Stuart, Florida

Zip
34994

Country

4. FEI Number
650955578

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Michael L. Dale

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

416 SE Poma Way

City

Stuart,

FL

Zip Code
34994

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 Michael L. Dale

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

4/20/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D
John Scarbrough
3492 NE Causeway Blvd. #401
Jensen Beach, Florida 34957

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
Michael L. Dale
416 SE Poma Way
Stuart, FL 34997

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

4/20/02

772.286.2323

CR2E034B (12/01)