

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90143 036 \*\*\*150.00

0609761 AV

**DOCUMENT # P99000092365**

1. Entity Name  
**SCARBROUGH RANCH, INC.**



Principal Place of Business

~~416 SE ROMA WAY~~  
~~STUART FL 34994~~  
~~XXXXXXXXXX~~

Mailing Address

~~416 SE ROMA WAY~~  
~~STUART FL 34994~~  
~~XXXXXXXXXX~~

2. Principal Place of Business

**3492 NE Causway Blvd.**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**#401**

Suite, Apt. #, etc.

City & State

**Jensen Beach, FL**

City & State

Zip

**34957**

Country

Zip

Country

4. FEI Number

**65-0955578**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DALE, MICHAEL L**

~~416 SE ROMA WAY~~  
~~STUART FL 34994~~

7. Name and Address of New Registered Agent

Name

**Dale, Michael L.**

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

**2616 SE Willoughby Blvd.**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**April 29, 2003**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCARBROUGH, JOHN	
STREET ADDRESS	3492 NE CASUEWAY BLVD #401	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DALE, MICHAEL L	
STREET ADDRESS	416 SE ROMA WAY	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03**

Date

Daytime Phone #

**772 286 2323**

CR2E034 (10/02)