

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90014 023 ***150.00

DOCUMENT # S23033

1. Entity Name

JED RANCH, INC.

Principal Place of Business

Mailing Address

P O BOX 85
 WAUCHULA FL 33873

P O BOX 85
 WAUCHULA FL 33873-0085

00001110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0337958

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARLAN, EDWIN C.
TOWN 7 COUNTRY ESTATES
300 KELLY CT.
WAUCHULA FL 33873

Name **HARLAN, JOANNE**

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

1270 KELLY CT
P.O. BOX 85

City **WAUCHULA**

FL

Zip Code **33873**

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 **JOANNE HARLAN**
 Signature, typed or printed name of registered agent and title if applicable

Joanne Harlan

(NOTE: Registered Agent signature required when reinstating)

1-14-2000

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, 2000 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 Delete
 NAME **HARLAN, EDWIN C.**
 STREET ADDRESS **300 KELLY CT**
 CITY-ST-ZIP **WAUCHULA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **HARLAN, JOANNE**
 STREET ADDRESS **300 KELLY CT**
 CITY-ST-ZIP **WAUCHULA FL**

TITLE Change Addition
 NAME **HARLAN, JOANNE**
 STREET ADDRESS **1270 KELLY CT, PO BOX 85**
 CITY-ST-ZIP **WAUCHULA, FL 33873**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **WILSON, JO ANN**
 STREET ADDRESS **1661 PAULA DR**
 CITY-ST-ZIP **WAUCHULA, FL 33873**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 **JOANNE HARLAN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2000
 Date

(863)773-9305
 Daytime Phone #

CR2E034 (9/99)