

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90119 018 \*\*\*150.00

**DOCUMENT # V60882**

1. Entity Name  
**BUCK ISLAND RANCH, INC.**

Principal Place of Business 3300 PALM BCH BLVD FT MYERS FL 33916 US	Mailing Address 3300 PALM BCH BLVD FT MYERS FL 33916-3763 US
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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 **65-0361747**      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

**CAMPBELL, DAN**  
**12540 COLD STREAM DR**  
**FT. MYERS FL 33912**

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 \_\_\_\_\_ (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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	CAMPBELL, DAN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	12540 COLD STREAM DR		
	FT. MYERS FL 33912		
ST	RUSH, SCOTT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	3300 PALM BCH BLVD		
	FT MYERS FL 33916		
D	LEWIS, PARKE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	2279 1ST ST.		
	FT. MYERS FL 33901		
D	BAKER, TOM	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	20340 BUCK CREST LANE		
	ALVA FL		
D	NELSON, BILL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	1700 MONROE STREET		
	FT. MYERS FL 33901		
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: D. RUSH (ST)      Date: 2/29/00      Daytime Phone #: 941-337-3424

CR2E034 (9/99)