

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64949

1. Entity Name

NORTH FORK RANCH, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90082 027 ***150.00

Principal Place of Business

Mailing Address

4375 LAZY ACRES RD
MIDDLEBURG FL 32068

4375 LAZY ACRES RD
MIDDLEBURG FL 32068-4919

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 **59-3163713**

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

TOWERS, ELIZABETH
4375 LAZY ACRES ROAD
MIDDLEBURG FL 32068

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

(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

TITLE ☐ Delete
NAME **PD TOWERS, ELIZABETH F**
STREET ADDRESS **586 ORTEGA ISLAND DR N**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☒ Change ☐ Addition
NAME **PD Elizabeth F. Towers**
STREET ADDRESS **4375 LAZY ACRES Rd**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE ☐ Delete
NAME **D TOWERS, WILLIAM B**
STREET ADDRESS **8351 WESTPORT RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition
NAME **D William B. Towers**
STREET ADDRESS **4586 Ortega Island Drive North**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE ☐ Delete
NAME **D TOWERS, JOHN B.**
STREET ADDRESS **310 PONTE VEDRA BLVD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD MORRISSEY, AGNES TOWERS**
STREET ADDRESS **4913 SUAREZ BLUFF RD**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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: *Elizabeth F. Towers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Jan. 2000 904-282-0194

Date

Daytime Phone #

CR2E034 (9/99)