2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2021
Secretary of State
3355593503CC

DOCUMENT# P99000019646

Entity Name: BLACK RIVER RANCH, INC.

Current Principal Place of Business:

4249 SW HIGH MEADOWS AVE
PALM CITY, FL 34990

Current Mailing Address:

4249 SW HIGH MEADOWS AVE
PALM CITY, FL 34990 US

FEI Number: 65-0906487

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCOTT, CATHERINE R
4249 SW HIGH MEADOW AVENUE
PALM CITY, FL 34990 US

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: CATHERINE SCOTT 02/02/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	CIFERRI, RENEE
Address	4249 SW HIGH MEADOWS AVE
City-State-Zip:	PALM CITY FL 34990

Title	O
Name	MEIRA, DANEILLE
Address	4249 SW HIGH MEADOWS AVE
City-State-Zip:	PALM CITY FL 34990

Title	O
Name	CIFERRI, JESSICA
Address	4249 SW HIGH MEADOWS AVE
City-State-Zip:	PALM CITY FL 34990

Title	COMPTROLLER
Name	FOLEY, KATHLEEN M
Address	4249 SW HIGH MEADOWS AVE
City-State-Zip:	PALM CITY FL 34990

Title	D
Name	CIFERRI, MICHAEL SR
Address	4249 SW HIGH MEADOWS AVE
City-State-Zip:	PALM CITY FL 34990

Title	O
Name	SCOTT, CATHERINE
Address	4249 SW HIGH MEADOWS AVE
City-State-Zip:	PALM CITY FL 34990

Title	O
Name	MICHAEL, CIFERRI JR
Address	4249 SW HIGH MEADOWS AVE
City-State-Zip:	PALM CITY FL 34990

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN M FOLEY COMPTROLLER 02/02/2021

Electronic Signature of Signing Officer/Director Detail — Date