

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90275 035 \*\*\*\*61.25

**DOCUMENT # 763073**

1. Entity Name

**THE RANCHES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8975 SOUTH FILLY POINT  
 P.O. BOX 0928  
 INVERNESS FL 32651-0928

8975 SOUTH FILLY POINT  
 P.O. BOX 0928  
 INVERNESS FL 32651-0928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2244231**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMULLEN, DAN E**  
**9099 S THOROUGHbred DR**  
**INVERNESS FL 34452**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SLEEP, MARTHA</b> <b>9005 S. FILLY PT</b> <b>INVERNESS FL 34452</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MONTELEONE, DIANE</b> <b>9099 S THOROUGHbred PT</b> <b>INVERNESS FL 34452</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MONTELEONE, JOSEPH</b> <b>9101 S. FILLY PT.</b> <b>INVERNESS FL 34452</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CARPENTER, ELEANOR</b> <b>8974 S. FILLY PT.</b> <b>INVERNESS FL 34452</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARDINI, ANTHONY</b> <b>9100 THOUTOUGHbred PT</b> <b>INVERNESS FL 34452</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEREZ, RAUL</b> <b>8975 S. FILLY PT.</b> <b>INVERNESS FL 34452</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Carpenter, Edward</b> <b>8974 S Filly Pt</b> <b>Inverness, FL 34452</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>Sleep, Martha</b> <b>9005 S Filly Pt</b> <b>Inverness, FL 34452</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>McMullen, Dan</b> <b>9009 S Thoroughbred Pt</b> <b>Inverness, FL 34452</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>McMullen, Joyce</b> <b>9009 S Thoroughbred Pt</b> <b>Inverness, FL 34452</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Perez, James</b> <b>8972 S Thoroughbred Pt</b> <b>Inverness, FL 34452</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Johnson, M. L.</b> <b>4675 E Stallion Ln</b> <b>Inverness, FL 34452</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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 REQUIRED*

**DAN F. MCMULLEN**

2/1/01

(352) 860-1292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)