

2002 UNIFORM BUSINESS REPORT (UBR)

3/26

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-26-2002 90018 016 ****61.25

DOCUMENT # 720678

1. Entity Name

NEW COLONY HOUSE, INC.

Principal Place of Business 500 S BEACH ST OFFICE DAYTONA BEACH FL 32114-5037	Mailing Address 500 S BEACH ST OFFICE DAYTONA BEACH FL 32114-5037
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64160



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1365166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VILLARS, JEFF 500 S BEACH ST UNIT F2 DAYTONA BEACH FL 32114		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 _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, JOSE 500 S BEACH ST APT B3 DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINEBERG, RITA 500 S BEACH ST AP D1 DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FISCHER, KAY 500 S BEACH ST AP B2 DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONEFREY, DOROTHY 500 S BEACH ST AP C1 DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VILLARS, JEFF 500 S BEACH ST F2 DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CZYMERK, ED 500 S BEACH ST I4 DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janet Villars 40 W. Michigan Oeland Fl 32720	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/VP Bobbi Abood 500 South Beach St. D5 Daytona Beach FL 32114	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tracy Smith 3216 N. Silver Ridge Rd. Mears, Michigan 44936	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input 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 empowerments.

SIGNATURE: Jeffrey A. Villars (386) 03/12/02 254-2994
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION Date Daytime Phone #

CR2E037 (9/01)