

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90230 044 ****61.25

DOCUMENT # 729183

1. Entity Name

SPREADING OAK VILLAGE, INC.

Principal Place of Business

2180 PARK AVE N
 STE 326
 WINTER PARK FL 32789
 US

Mailing Address

2180 PARK AVE N
 STE 326
 WINTER APRK FL 32789
 US

2. Principal Place of Business

444 W. New England Ave.
 Suite, Apt. #, etc.
 Suite B

3. Mailing Address

444 W. New England Ave.
 Suite, Apt. #, etc.
 Suite B



DO NOT WRITE IN THIS SPACE

City & State
 Winter Park, FL

City & State
 Winter Park, FL

4. FEI Number

59-1579288

Applied For

Not Applicable

Zip
 32789

Country

Zip
 32789

Country

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

MALCOM, THOMAS D.
 2180 PARK AVE N
 STE 326
 WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

444 W. New England Ave
 Suite B

City

Winter Park

FL

Zip Code

32789

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	SD ALLISON, JEAN 120 AUTUMN DR LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNETT, JOAN 100 CEDAR POINT LANE LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMKE, ROGER 112 AUTUMN DR LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ARO, WANDA 107 AUTUMN DR LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE:

Signature of Joan Barnett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)