


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP 10 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **729183**
1. Entity Name
SPREADING OAK VILLAGE, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **DR** 3. Mailing Address **DR**
120 E. COLONIAL **120 E. COLONIAL**
Suite, Apt. #, etc. Suite, Apt. #, etc.

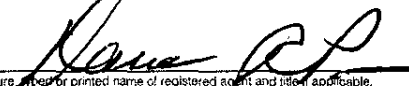
DO NOT WRITE IN THIS SPACE

City & State **ORLANDO, FL** City & State **ORLANDO, FL** 4. FEI Number **59-1579288** Applied For
Not Applicable
Zip **32801** Country **US** Zip **32801** Country **US** 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **DAVID R PIERCE**
Street Address (P.O. Box Number is Not Acceptable) **120 E. COLONIAL DR**
City **ORLANDO** FL Zip Code **32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **9/3/03**
Signature of person for printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JERRY ALEXANDROWICZ 106 AUTUMN DR LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000022933300 09/10/03--01072--005 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SCOTT PETERSON 101 BUTTERNUT LN. LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JAMES BARLUICK 106 AUTUMN DR LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN DOERR 121 AUTUMN DR LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT JOHNSON 100 AUTUMN DR LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **9/3/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037B (12/02)