

01-16-2003 90129 045 ***61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # N02000001649

1. Entity Name
UNITED AMERICAN FAMILY ALLIANCE, INC.



Principal Place of Business Mailing Address
 4001 STATE RD 19A 4001 STATE RD 19A
 MOUNT DORA FL 32757 MOUNT DORA FL 32757

2. Principal Place of Business 3. Mailing Address
4119 BENNETT DR **PO BOX 347**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MOUNT DORA, FL **MOUNT DORA, FL**
 Zip Country Zip Country
32757 **USA** **32756** **USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
BOYETTE, WADE
 4001 STATE RD 19A
 MOUNT DORA FL 32757

4. FEI Number Applied For
03-0411632 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: **BRYAN HURLEY**
 Street Address (P.O. Box Number is Not Acceptable): **4119 BENNETT DR**
 City: **MOUNT DORA** FL Zip Code: **32757**

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: _____
Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 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	PD	<input type="checkbox"/> Delete
NAME	HURLEY, BRYAN	
STREET ADDRESS	P.O. BOX 1363	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HURLEY, DAVID	
STREET ADDRESS	P.O. BOX 1363	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MEL	
STREET ADDRESS	P.O. BOX 1363	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN HURLEY	
STREET ADDRESS	PO. BOX 347	
CITY-ST-ZIP	MOUNT DORA FL 32756	<input checked="" type="checkbox"/>
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID HURLEY	
STREET ADDRESS	PO BOX 347	
CITY-ST-ZIP	MOUNT DORA, FL 32756	<input checked="" type="checkbox"/>
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMIE ROBINSON	
STREET ADDRESS	PO BOX 347	
CITY-ST-ZIP	MOUNT DORA FL 32756	<input checked="" type="checkbox"/>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)