

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90059 029 ****61.25

DOCUMENT # N38003

1. Entity Name

MAASAI SPECIAL PROJECTS FUND, INC.

Principal Place of Business

Mailing Address

%KERRY M WILSON
 141 5TH ST NW #300
 WINTER HAVEN FL 33881

%KERRY M WILSON
 141 5TH ST NW #300
 WINTER HAVEN FL 33881-4645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0216787

Applied For

Not Applicable

Zip

Country

Zip

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

WILSON, KERRY M.
141 5TH ST. NW #300
WINTER HAVEN FL 33881

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 **VD** Delete
 NAME **JEFF BLACK**
 STREET ADDRESS **1820 BLUE RIDGE RD**
 CITY-ST-ZIP **GAINESVILLE GA**

TITLE **D** Change Addition
 NAME **MORGAN ROE**
 STREET ADDRESS **P.O. BOX 900**
 CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **D** Delete
 NAME **STRANG, SHORTER T**
 STREET ADDRESS **1329 N. LAKE OTIS DR. SE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** Change Addition
 NAME **CAROL CRAIG**
 STREET ADDRESS **944 FIRE SIDE RD.**
 CITY-ST-ZIP **WESTMINSTER, MD 21158**

TITLE **D** Delete
 NAME **FORT, ROBERT**
 STREET ADDRESS **415 WILLOW OAK CT.**
 CITY-ST-ZIP **FORT MEADE FL**

TITLE **D** Change Addition
 NAME **CRAIG MARSHALL**
 STREET ADDRESS **1249 PLUM BRANCH LANE**
 CITY-ST-ZIP **FORT MILL, SC 29715**

TITLE **D** Delete
 NAME **BATES, JAYNE VARN**
 STREET ADDRESS **TRASK ROAD**
 CITY-ST-ZIP **FORT MEADE FL**

TITLE Change Addition

TITLE **PD** Delete
 NAME **STRANG, DR. FRED FOY**
 STREET ADDRESS **2716 LAUREL DRIVE**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition

TITLE **D** Delete
 NAME **STRANG, CECILY**
 STREET ADDRESS **2716 LAUREL DRIVE**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change 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 files empowered.

SIGNATURE: *Shorter T Strang*

5/11/00

863-293-2598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)