

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90074 023 ****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

2. Principal Place of Business

3. Mailing Address

505 Beachland Blvd.

505 Beachland Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 264

Suite 264

City & State

City & State

VERO BEACH, FL

VERO BEACH, FL

Zip

Country

Zip

Country

32963

USA

32963

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0216787

Applied For

Not Applicable

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	<input type="checkbox"/> Delete
NAME	JEFF BLACK	
STREET ADDRESS	1820 BLUE RIDGE RD	
CITY-ST-ZIP	GAINESVILLE GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRANG, SHORTER T S	
STREET ADDRESS	1329 N. LAKE OTIS DR. SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORT, ROBERT	
STREET ADDRESS	415 WILLOW OAK CT.	
CITY-ST-ZIP	FORT MEADE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROE, MORGAN	
STREET ADDRESS	PO BOX 900	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STRANG, DR. FRED FOY	
STREET ADDRESS	2716 LAUREL DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRANG, CECILY	
STREET ADDRESS	2716 LAUREL DRIVE	
CITY-ST-ZIP	VERO BEACH FL	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG MARSHALL	
STREET ADDRESS	1249 PLUM BRANCH LANE	
CITY-ST-ZIP	FORT MILL, SC 29715	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL CRAIG	
STREET ADDRESS	944 FIRESTONE ROAD	
CITY-ST-ZIP	WESTMINSTER, MD 21158	

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 reports 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: Fred Foy Strang **REQUIRED** **FRED FOY STRANG** **May 1, 2002** **778-2770** (561)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

201000

CR2E037 (9/01)