


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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90297 003 ****70.00

DOCUMENT # N96000000926

1. Entity Name
THE HACIENDA, INC.



Principal Place of Business
**225 WAYMAN ST.
LONGWOOD FL 32750**

Mailing Address
**237 FERNWOOD BLVD.
FERN PARK FL 32730**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3380880** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GREGORY, LINDA
130 GARFIELD RD
ENTERPRISE FL 32723**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAGERTY, NANCY	
STREET ADDRESS	2530 EKANA DRIVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEILSEN, HAL	
STREET ADDRESS	237 FERNWOOD BLVD	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONKLIN, ELIZABETH	
STREET ADDRESS	1621 BOYER ST	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	CABRAL, LEONARD	
STREET ADDRESS	315 MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREGORY, LINDA	
STREET ADDRESS	130 GARFIELD RD	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOGHADAS, KATHY	
STREET ADDRESS	923 E SEMORA BLVD	
CITY-ST-ZIP	CASSELBERRY FL 32707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGERTY, NANCY	
STREET ADDRESS	2530 EKANA DRIVE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOTT, JOHN	
STREET ADDRESS	1213 SWANN ST	
CITY-ST-ZIP	WINTER SPRINGS-FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, PAULINE	
STREET ADDRESS	156 WILLIAMS RD	
CITY-ST-ZIP	LAKE MARY, FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRAL, LEONARD	
STREET ADDRESS	315 MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWINDLE, MICHAEL	
STREET ADDRESS	1116 MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREIRA, ADOLFO	
STREET ADDRESS	113 ELDERBERRY LANE	
CITY-ST-ZIP	LONGWOOD, FL 32779	

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]* **4-17-3** **386-574-3926**

CR2E037 (10/02)