

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90037 040 ***150.00

014018 AV

DOCUMENT # 617747

1. Entity Name
UNDERHILL MANAGEMENT COMPANY, INC.

Principal Place of Business 490 N. HARBOR CITY BLVD. P.O. BOX 1796 MELBOURNE FL 32902	Mailing Address 490 N. HARBOR CITY BLVD. P.O. BOX 1796 MELBOURNE FL 32902
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2350850		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
UNDERHILL, H J III 490 N HARBOR CITY BLVD MELBOURNE FL 32935				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	UNDERHILL, H. J., III						
	490 N. HARBOR CITY BLVD.						
	MELBOURNE FL						
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-16-02 921-242-2224
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)