2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	WENT # 62211 BERGH FAMILY, INC.	l			04-09-2002 91188 0			
Principal Place of Business 1407 MULBERRY ST. ATLANTIC IO 50022 US		Mailing Address 1407 MULBERRY ST. ATLANTIC IO 50022 US				1811 118 11 118 11 118 11 1		
2. Principal Place of Business		3. Mailing Address				INICATON BINICA		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	El Number 59-1937601	<u> </u>	plied For	
Zip	Country	Zip	Country	5. C	Dertificate of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current R	egistered Agent		7. N	lame and Address of New Register	red Agent		
			Name			-		
KOON, PERRY F. 829 S WALNUT ST			Street Ado	Street Address (P.O. Box Number is Not Acceptable)				
STARKE FL 32091								
			City			FL Zip Code)	
8. The above	named entity submits this statement for	he purpose of changing its re	egistered office or re	egistered age	ent, or both, in the State of Florida.			
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature	required when rei	instating) DA	ATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.0 After May 1, 2002 Fee will be \$55 Make Check Payable to Department		0.00	Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS		3 IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P. HARDENBERGH, L.O. 6840 DEER SPRINGS RD. KEYSTONE HTS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	broen 407 M Atland	herah LO 1 u lobring st tic IIA 50022	. Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with t	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	dia Contin-	119 07/2)(i) Florido Cartino Lindo	Change	Addition	

r nereby certify that the information supplied with this filling 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.