FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Nan		# 636270 IPANY					Feb 07, 20 Secretar 02-07-2001 901	y o	f Sta	ate	
Principal Place of Business P O BOX 698 34720 PROSPECT RD SAN ANTONIO FL 33576 JS			Mailing Address P O BOX 698 34720 PROSPECT RD SAN ANTONIO FL 33576 US				914020 314020				
2. Principal Place of Business SAME			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SP	'ACE		
City & Star		· · · · · · · · · · · · · · · · · · ·	City & State		• •	4. F	FEI Number 59-1931863			oplied For	
Zip	Country		Zip		Country		Certificate of Status Desired		8.75 Add		
	6. Name a	nd Address of Current Re	gistered Agent			7. N	lame and Address of New Regist		<u>'</u>		
					Name SAME					İ	
3472	DRA, G. DOUG 20 PROSPECT					ox Number is Not Acceptable)					
	BOX 698 ANTONIO FL	33576			City	- 14		FL	Zip Cod	e	
9. The above	namad aatitu a	ubmita this statement for th	us surpose of changing its	- ragists-	rod office as socie		ent, or both, in the State of Florida.	<u> </u>	<u> </u>		
	Signature, typed or position is eligible	e to satisfy its Intangible d elects to do so.	· ·	!!! FEE	ed Agent signature requirements IS \$150.00		10. Election Campaign Financin	perin		May Be	
(See criteria on back)			Make Check Payable to				te Trust Fund Contribution. LI Added to Fees				
11.		OFFICERS AND DI	RECTORS	12.		ADI	DITIONS/CHANGES TO OFFICERS	AND D	RECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ORGE DOUGLAS SPECT RD, BOX 698 IIO FL	☐ Delete		l l			[Change	Addition S	
TITLE	ST		☐ Delete	TITL	E			[Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 69	98			ME EET ADDRESS 7-ST-ZIP						
TITLE NAME	SAN ANTON	IIO FL 33576	☐ Delete	TITL	E			[Change	Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- i				Change	Addition	
13. I hereby of indicated of the cor	on this report of poration or the i	r supplemental report is tru	e and accurate and that re red to execute this report	r the exe my signa : as requi	mption stated in	ne same le	19.07(3)(i), Florida Statutes. I furthegal effect as if made under oath; to da Statutes; and that my name app	nat Iamí	an officer	or director	