

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735286

1. Entity Name

ZELLWOOD IMPROVEMENT PROJECT, INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90212 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 1376  
ZELLWOOD FL 32798-1376

P.O. BOX 1376  
ZELLWOOD FL 32798-1376

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REYNOLDS, RODNEY V  
3679 MOHAWK DR.  
ZELLWOOD FL 32798

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 PD  
NAME REYNOLDS, RODNEY V  
STREET ADDRESS 3679 MOHAWK DR  
CITY-ST-ZIP ZELLWOOD FL 32798 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME HENDERSON, GWENDOLYN  
STREET ADDRESS 6924 HOLLY CREEK RD  
CITY-ST-ZIP ZELLWOOD FL 32798 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME WEBB, DEBORAH  
STREET ADDRESS 6775 HOLLY ST  
CITY-ST-ZIP ZELLWOOD FL 32798 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME POLLOCK, REV. CLYDE  
STREET ADDRESS 6775 HOLLY ST  
CITY-ST-ZIP ZELLWOOD FL 32798 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE M  
NAME SCHOFIELD, CILLA  
STREET ADDRESS 3617 CILIA ST  
CITY-ST-ZIP ZELLWOOD FL 32798 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME BLACKMON, BILLY  
STREET ADDRESS 3671 MOHAWK DR  
CITY-ST-ZIP ZELLWOOD FL 32798 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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]* *Real 30, 2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/99)