


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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90433 024 ****61.25

DOCUMENT # 735286 1. Entity Name Zellwood Improvement Project ✓	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P.O. Box 674	
City & State		City & State Zellwood, FL	
Zip	Country	Zip	Country
		32798	ORANGE

80088627

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number N/A		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>JAMES GRUBBS</u>		
	Street Address (P.O. Box Number, if Not Acceptable) <u>7518 W. Holly St</u>		
	City <u>ZELLWOOD</u>	FL	Zip Code <u>32798</u>

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 James Grubbs 4/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>HEZEKIAH BRADFORD, JR.</u> <u>21 W. 13TH ST.</u> <u>APOPKA, FL. 32703</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>MICHAEL REYNOLD</u> <u>3679 MOLTAWK DR.</u> <u>ZELLWOOD, FL. 32798</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>J</u> <u>JAMES GRUBBS</u> <u>7518 W. HOLLY ST.</u> <u>ZELLWOOD, FL. 32798</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> <u>GLORIA PICKARD</u> <u>58 W. 10TH ST.</u> <u>APOPKA, FL. 32703</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Hezekiah Bradford, Jr. 4/16/03 (407) 886-6769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)