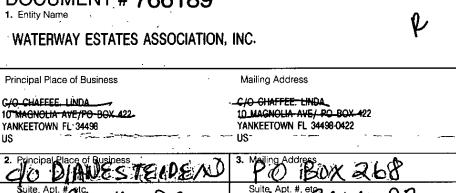
## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 766189 1. Entity Name

## FILED Aug 28, 2000 8:00 am Secretary of State

08-28-2000 90059 044 \*\*\*\*61.25



YANKEETOWN	FL:34498	YANKEETOWN FL 34498-0422					
US US					ÍR FÍJRÍ ÍTAÐ JANG ÍÐU ÐJÁÐU	ALAU THAN ALÁU AND	
2. Principal	lace of Business TELDE/W	3. Mailing Address	BOX 268				
Suite, Apt. #Ptc DR		Suite Apt. #, etc ALM DR		DO NOT WRITE IN THIS SPACE			
City & Stat	"Keelown, FL	(397) WHY"	TOWN I	4. FEI Number	-2279239	<del></del>	plied For t Applicable
3 <sup>2</sup> 44	ar Country	34498 (	Country 4	5. Certificate of Sta	atus Desired 🔲	\$8.75 Add Fee Required	
	6. Name and Address of Current F	legistered Agent		7. Name and Addr	ress of New Registere	d Agent	
		Name <b>D</b>	DIANE SISIUEN				
STEIDEN, DIANE			Street Addiess (P. O Box Number is Not Pco o table)				
15 PALM DR			02 020 018				
	OWN FL 34498	X PO BOX 268					
		mail TOROB	City VA	NKEETOW	in F	L Z 300	498
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.							
1/200 Stort Source lan 3/11/2000							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rejustating)							
	THE MOSS.	9. Election Campaign Fi	inopoing <b>A</b> É		Moke Chee	k Payable to	
FILE NOW: 9. Election Campaign F FEE IS \$61.25 Trust Fund Contributi			, , , , , , , , , , , , , , , , , , ,	00 May Be		ent of State	
	1 EE 13 401.23						
10.	OFFICERS AND DIRI		11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	
TITLE	PD	☐ Delete	TITLE			☐ Change	☐ Addition   3
NAME	URBAN, ED		NAME				
STREET ADDRESS CITY-ST-ZIP	4 PALM DR/ PO BOX 245		STREET ADDRESS CITY-ST-ZIP				
	YANKEETOWN FL 34498		777.5	<del>)</del>		Change	Addition
TITLE NAME	DAWKINS, ED	Delete	TITLE V	DY EMER PALM DR	SON	Change	Addition   C
STREET ADDRESS	40 MAGNOLIA AVE/ PO BOX 22	,	STREET ADDRESS Q	PALM DR	JUE	_	
CITY-ST-ZIP	YANKEETOWN FL 34498	•	CITY-ST-ZIP	MICELTOL	メルーに	3449	}
TITLE	S	☐ Delete	TITLE (S)			Change	☐ Addition
NAME	STEIDEN, DIANE		NAME (	PACM D	RHIS		
STREET ADDRESS	15 PALM DR		STREET ADDRESS 10	THOMP	17100		
CITY-ST-ZIP	YANKEETOWN FL 34498		CITY-ST-ZIP				
TITLE	T .	Delete	TITLE ( S)	ALLY SW	AIN	Change	☐ Addition
NAME	DIXON, DELORES		I ATTECT LABORDS I	PACMI	7 KIVE.	•	
STREET ADDRESS CITY-ST-ZIP	15 MAGNOLIA AVE / PO BOX 355		CITY-ST-ZIP	ANKEETOU	VM IFC	34498	
TITLE	YANKEETOWN FL 34498	Polete					Addition
_ NAME	FRINK, PEGGY	Delete	NAME UP 8	LUZANOR	FREDRU	CK Marige	, Addition
STREET ADDRESS	39 MAGNOLIA AVE		STREET ADDRESS &	PALM DR	.10E	6	
CITY-ST-ZIP	YANKEETOWN FL 34498		CITY-ST-ZIP	ANKEETOW	N.FL3Y	1498	
TITLE		☐ Delete	TITLE 6	EORGE D	Ross	☐ Change	Addition
NAME	MCCRIMMON, EDITH		NAME )	8 Magnoli		6	
STREET ADDRESS	22 PALM DR/P.O BOX 520		STREET ADDRESS	्र । च्युरकाय ४०. । ८. व	- · ·	DUMAT	,
CITY-ST-ZIP	YANKEETOWN FL 34498		CITY-ST-ZIP	ronwator	eon 14	<u> 5440</u>	
12. I hereby of	certify that the information supplied with t	his filing does not qualify for the	ne exemption stated in S	ection 119.07(3)(i), Flor	rida Statutes. I further o	certify that the in-	formation or director

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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

711 acc 352-447.