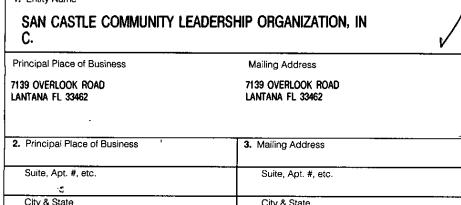
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004228 SAN CASTLE COMMUNITY LEADERSHIP ORGANIZATION, IN C.

FILED Aug 04, 2002 8:00 am Secretary of State

08-04-2002 90158 046 ****61.25



DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1018945 Not Applicable Zip ٠, Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RAMOS, JUANA 7139 OVERLOOK ROAD LANTANA FL 33462 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing After September 13, 2002, \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (4/02)TITLE ☐ Delete ☐ Addition TITLE ☐ Change RAMOS, JUANA NAME STREET ADDRESS 7139 OVERLOOK ROAD STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition CAREY, LISA NAME STREET ADDRESS 7139 OVERLOOK ROAD STREET ADDRESS CITY-ST-ZIP L'ANTANA FL 33462 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition YANDRASEVICH, RITA NAME 7139 OVERLOOK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change ☐ Addition ROGERS, LORETTA NAME NAME 7139 OVERLOOK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-7IP TITI F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUIR