

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90049 043 \*\*\*\*70.00

**DOCUMENT # N00000004620**

1. Entity Name  
**SWAMP-TIME BOOGIE CHARITY PRODUCTION FUND, INC.**



Principal Place of Business  
**1214 FLORES AVE.  
THE VILLAGES FL 32159**

Mailing Address  
**1214 FLORES AVE.  
THE VILLAGES FL 32159**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3658805**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PEDDRICK, LAWRENCE E  
1214 FLORES AVE.  
THE VILLAGES FL 32159**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PMC	<input type="checkbox"/> Delete
NAME	<b>PEDDRICK, LAWRENCE E</b>	
STREET ADDRESS	<b>1214 FLORES AVE</b>	
CITY-ST-ZIP	<b>THE VILLAGES FL 32159</b>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>JETT, MICHELLE N</b>	
STREET ADDRESS	<b>4179 WINNERS CIRCLE #416</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CURTIN, JOHN J SR</b>	
STREET ADDRESS	<b>2800 PRIVADA SR.</b>	
CITY-ST-ZIP	<b>THE VILLAGES FL 32159</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CURTIN, KATHERINE A</b>	
STREET ADDRESS	<b>2800 PRIVADA DR.</b>	
CITY-ST-ZIP	<b>THE VILLAGES FL 32159</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PEDDRICK, NADIA M</b>	
STREET ADDRESS	<b>1214 FLORES AVE.</b>	
CITY-ST-ZIP	<b>THE VILLAGES FL 32159</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SHENK, RICHARD E</b>	
STREET ADDRESS	<b>1609 MYRTLE BEACH DR.</b>	
CITY-ST-ZIP	<b>THE VILLAGES FL 32159</b>	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN C. JETT</b>	
STREET ADDRESS	<b>4179 WINNERS CIRCLE #416</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Lawrence E Peddrick* **SIGNATURE REQUIRED** **12 Jan 2003 (352) 750-3498**

CR2E037 (10/02)