

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90070 014 \*\*\*\*61.25

**DOCUMENT # N00000008572**

1. Entity Name  
**PARADISE GARDENS (WEST) REFUGE, INC.**

Principal Place of Business 2209 CONCORD RD. HAVANA FL 32333	Mailing Address 2209 CONCORD RD. HAVANA FL 32333
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3687595	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALL, KIKI**  
**2209 CONCORD RD.**  
**HAVANA FL 32333**

Name **Mike Ingram**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Route 3, Box 365 B**  
 City **Havana** FL Zip Code **32333**

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 **Mike Ingram, Director**

*Malcom Ingram*

**2/18/01**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D <input type="checkbox"/> Delete	<b>INGRAM, MIKE</b>	<b>RT. 3 BOX 365B</b>	<b>HAVANA FL 32333</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D <input type="checkbox"/> Delete	<b>BALL, KIKI</b>	<b>2209 CONCORD RD.</b>	<b>HAVANA FL 32333</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D <input type="checkbox"/> Delete	<b>HAMILTON, JO ANN D</b>	<b>224 CHINQUAPIN WAY</b>	<b>QUINCY FL 32351</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D <input type="checkbox"/> Delete	<b>PARRAMORE, JULIE</b>	<b>287 MAY FARM LANE</b>	<b>QUINCY FL 32351</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

*Kathleen Kiki Ball 2-6-01*  
*Kathleen Kiki Ball 850-875-8838*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)