

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90660 013 \*\*\*\*61.25

0011336

<b>DOCUMENT # N01000001609</b>	
1. Entity Name	
<b>IRONWOOD PRESERVATION FOUNDATION, INC.</b>	

Principal Place of Business	Mailing Address
<b>9415 SE 136TH PL. SUMMERFIELD FL 34491</b>	<b>3037 BRITTANY WAY CHESAPEAKE VA 23321</b>

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

City & State	City & State
Zip	Country

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

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	
<b>CSEH, SHAWN H 9415 SE 136TH PL. SUMMERFIELD FL 34491</b>	

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.	
SIGNATURE	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	
<b>DP</b>	<b>HARPER, MELISSA J</b>
<b>3037 BRITTANY WAY</b>	<b>CHESAPEAKE VA 23321</b>
<input type="checkbox"/> Delete	
<b>D</b>	<b>HARPER, ROBERT W. S.</b>
<b>3037 BRITTANY WAY</b>	<b>CHESAPEAKE VA 23321</b>
<input type="checkbox"/> Delete	
<b>DT</b>	<b>BECKER, ANNE M</b>
<b>4704 VIOLA TERRACE</b>	<b>PORTSMOUTH VA 23703</b>
<input type="checkbox"/> Delete	
<b>DV</b>	<b>MCMULLEN, LINDA</b>
<b>305 GOLDEN POND DR.</b>	<b>MADISON MS 39110</b>
<input type="checkbox"/> Delete	
<b>D</b>	<b>BARBEE, PATRICIA A</b>
<b>207 BAYVIEW DR.</b>	<b>MADISON MS 39110</b>
<input type="checkbox"/> Delete	
<b>S</b>	<b>CSEH, SHAWN H</b>
<b>9415 SE 136TH PL.</b>	<b>SUMMERFIELD FL 34491</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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.	
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SIGNATURE: 	4 April 02 757-628-4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E037 (9/01)