

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

<b>DOCUMENT # N01000003346</b> 1. Entity Name <b>BRATT COMMUNITY PARK, INC.</b>				
Principal Place of Business 3451 LAMBERT BRIDGE RD MCDAVID, FL 32568		Mailing Address 3451 LAMBERT BRIDGE RD MCDAVID, FL 32568		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		
Country		Country		
4. FEI Number <span style="float: right;"><input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable</span>				
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>MCCALL, MIKE</b> 3451 LAMBERT BRIDGE RD MCDAVID, FL 32568		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 <small>Signature (typed or printed name of registered agent and title if applicable)</small>		DATE <b>4/23/03</b> <small>DATE</small>		
FILE NOW FEE IS \$61.20		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
Make Check Payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCALL, MIKE 3451 LAMBERT BRIDGE RD MCDAVID, FL 32568	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARAWAY, CLARK 3020 BRESTWORKS RD MCDAVID, FL 32568	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILMORE, CLARK 3330 N PINE BARRON RD MCDAVID, FL 32568	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLLAND, AMY 2720 BREACTIONWORKS ROAD MC DAVID, FL 32568	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(b), 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.				
SIGNATURE:		DATE: <b>4/23/03</b>		
<small>SIGNATURE AND TITLE REQUIRED TO BE NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone # <b>(850)327-4744</b></small>		

11023885



CHECK HERE IF MAKING CHANGES

CFR2007 (10/02)