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

DOCUMENT # N0100003807

1. Entity Name

ORANGE BLOSSOM OWNER HANDLERS ASSOCIATION OF FLO



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90100 021 ****61.25

Suite, Apt. #, etc. City & State Country Exp Exp Country Exp Exp Exp Exp Exp Exp Exp Ex	RIDA, INC	C. '				9			
ORANGE CITY FL 32783 ORANGE CITY FL 22783	Principal Pla	ace of Business	Mailing Address						
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City & State Country S. Co	Principal Place of Business 3. Mailing Address								
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Country Zip Country S. Certificate of Status Desired Status Desired S. S.75 Additional Five Polylloid 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 8. The above names gently submits this statement by the purpose of changing its registered agent, or both, in the State of Flor da. I am familiar with, and accept (the obligations of registered agent, or both, in the State of Flor da. I am familiar with, and accept (the obligations of registered agent, or both, in the State of Flor da. I am familiar with, and accept (the obligations of registered agent, or both, in the State of Flor da. I am familiar with, and accept (the obligations of registered agent, or both, in the State of Flor da. I am familiar with, and accept (the obligations of registered agent, or both, in the State of Flor da. I am familiar with, and accept (the obligations of registered agent, or both, in the State of Flor da. I am familiar with, and accept (the obligations of registered agent, or both, in the State of Flor da. I am familiar with, and accept (the obligations of registered agent, or both, in the State of Flor da. I am familiar with, and accept (the obligations of registered agent, or both, in the State of Flor da. I am familiar with, and accept (the obligations of registered agent, or both, in the State of Flor da. I am familiar with, and accept (the obligations of registered agent, or both, in the State of Flor da. I am familiar with, and accept (the obligations of Flor da. I am familiar with, and accept (the obligations of Flor da. I am familiar with, and accept (the obligations of Flor da. I am fa	City & State City & State					4. FEI Number 59-3744201 Applied For			
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2. 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 attactment with an address, with all other like empowered.

SIGNATURE: MINISTER

MULTINEREDERIPSUSAN FULDIWIDER 1-6-03 386.775-898