

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007854

FILED  
Apr 11, 2003  
Secretary of State

Entity Name: NED BROOKS/HOLMES FAMILY REUNION, INC.

## Current Principal Place of Business:

532 DR. MARY MCLEOD BETHUNE BLVD.  
DAYTONA BCH, FL 32114

## New Principal Place of Business:

532 DR. MARY MCLEOD BETHUNE BLVD.  
SUITE D  
DAYTONA BCH, FL 32114

## Current Mailing Address:

532 DR. MARY MCLEOD BETHUNE BLVD.  
DAYTONA BCH, FL 32114

## New Mailing Address:

FEI Number: 59-3758405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COVINGTON AND ASSOCIATES, INC.  
532 DR. MARY MCLEOD BETHUNE BLVD.  
DAYTONA BCH, FL 32114 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WHEELER, DONALD  
Address: 1614 SE 15TH AVE.  
City-St-Zip: GAINESVILLE, FL 32641

Title: VD ( ) Delete  
Name: WILLIAMS, PRISCILLA  
Address: P. O. BOX 1014  
City-St-Zip: STARKE, FL 32091

Title: SD ( ) Delete  
Name: GOLDWIRE, IDA  
Address: P. O. BOX 423  
City-St-Zip: ALACHUA, FL 32615

Title: TD ( ) Delete  
Name: DARVILLE, GLENDA  
Address: 7336 CHILTON LANE  
City-St-Zip: RIVERDALE, GA 30296

Title: D ( ) Delete  
Name: COVINGTON, SYLVESTER  
Address: 663 MADISON AVE.  
City-St-Zip: DAYTONA BCH, FL 32114

Title: D ( ) Delete  
Name: BROOKS, HOWARD  
Address: 4306 S. LAKE ORLANDO PKWY.  
City-St-Zip: ORLANDO, FL 32808

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD WHEELER

DP

04/11/2003

Electronic Signature of Signing Officer or Director

Date