

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

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90186 035 \*\*\*\*\*61.25

**DOCUMENT # N02000006390**

1. Entity Name

**BRENDA'S UNIQUE RETREAT, INC.**



Principal Place of Business

**84 CROOKED PINE RD.  
PORT ORANGE FL 32128**

Mailing Address

**84 CROOKED PINE RD.  
PORT ORANGE FL 32128**

2. Principal Place of Business

**84 Crooked Pine Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**84 Crooked Pine Rd.**

Suite, Apt. #, etc.

City & State

**Port Orange, Florida**

Zip

**32128**

Country

**USA**

City & State

**Port Orange, Florida**

Zip

**32128**

Country

**USA**

4. FEI Number

**02-0581386**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CLAPP, BRENDA E**

**84 CROOKED PINE RD.**

**PORT ORANGE FL 32128**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Brenda E. Clapp**

Signature, typed or printed name of registered agent and title if applicable.

**B. E. Clapp**

(NOTE: Registered Agent signature required when reappointing)

**01/06/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **CLAPP, BRENDA E**  
STREET ADDRESS **84 CROOKED PINE RD.**  
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE **SD** ☐ Delete  
NAME **FARLEY, JONI**  
STREET ADDRESS **RR41 BOX 362A**  
CITY-ST-ZIP **FAIRBEE VT 05045**

TITLE **VD** ☐ Delete  
NAME **LARABEE, DON**  
STREET ADDRESS **RT. 25**  
CITY-ST-ZIP **FAIRBEE VT 05045**

TITLE **TD** ☐ Delete  
NAME **LARABEE, JIM**  
STREET ADDRESS **BOX 216**  
CITY-ST-ZIP **BRADFORD VT 05033**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **B. SIGNATURE REQUIRED. Clapp**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/06/03**

Date

**386-316-7794**

Daytime Phone #

CR2E037 (10/02)