

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90130 034 *****70.00

DOCUMENT # **ND1741**
 1. Entity Name
WOODLAND HERITAGE ORGANIZATION, INC.

Principal Place of Business Mailing Address

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

City & State City & State
 Zip Country Zip Country

4. FEI Number **312530484** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Ray Harris	
STREET ADDRESS	5464 Freedom Dr.	
CITY-ST-ZIP	Groveland, FL 34736	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Fred Wolf	
STREET ADDRESS	6026 Unity Pass	
CITY-ST-ZIP	Groveland, FL 34736	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Virginia Elder	
STREET ADDRESS	5827 Peaceful Pass	
CITY-ST-ZIP	Groveland, FL 34736	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	June Larsen	
STREET ADDRESS	6027 Unity Pass	
CITY-ST-ZIP	Groveland, FL 34736	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Mary Thompson	
STREET ADDRESS	5412 Peaceful Pass	
CITY-ST-ZIP	Groveland, FL 34736	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Betty Nelson	
STREET ADDRESS	5919 Peaceful Pass	
CITY-ST-ZIP	Groveland, FL 34736	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cal Seaver	
STREET ADDRESS	1107 Pioneer Circle	
CITY-ST-ZIP	Groveland, FL 34736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ray Harris **RAY HARRIS** Date: 4-21-01 Daytime Phone #: 352-429-9764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)