

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90051 045 \*\*\*\*61.25

**DOCUMENT # N07741**

1. Entity Name

**WOODLAND HERITAGE ORGANIZATION, INC.**

Principal Place of Business

Mailing Address

~~6004 HERITAGE DR~~ **6070 Liberty Dr**  
 GROVELAND FL 34736  
 US

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 GROVELAND FL 34736  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2530484**

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

~~CARSWELL, MARIAN A~~  
~~6004 HERITAGE DR~~  
~~GROVELAND FL 34736~~

Name **Virginia Elder**  
 Street Address (P.O. Box Number is Not Acceptable) **6070 Liberty Drive**  
**Groveland**  
 City **FL** Zip Code **34736**

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 **Virginia Elder, Secretary** *Virginia Elder* **2-12-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |  |
|----------------|---|--|
| TITLE          | PD  | <input checked="" type="checkbox"/> Delete |
| NAME           | HARRIS, RAY   |  |
| STREET ADDRESS | 5964 FREEDOM DR   |  |
| CITY-ST-ZIP    | GROVELAND FL 34736                                      |  |
| TITLE          | S   | <input type="checkbox"/> Delete            |
| NAME           | ELDER, VIRGINIA   |  |
| STREET ADDRESS | <del>5827 PEACEFUL PASS</del> <b>6070 Liberty Drive</b> |  |
| CITY-ST-ZIP    | GROVELAND FL 34736                                      |  |
| TITLE          | D   | <input type="checkbox"/> Delete            |
| NAME           | THOMPSON, MARY  |  |
| STREET ADDRESS | 5912 PEACEFUL PASS                                      |  |
| CITY-ST-ZIP    | GROVELAND FL 34736                                      |  |
| TITLE          | D   | <input checked="" type="checkbox"/> Delete |
| NAME           | SEAYER, CALVIN  |  |
| STREET ADDRESS | 1107 PIONEER CIRCLE                                     |  |
| CITY-ST-ZIP    | GROVELAND FL 34736                                      |  |
| TITLE          | TD  | <input type="checkbox"/> Delete            |
| NAME           | LARSEN, JUNE  |  |
| STREET ADDRESS | 6027 UNITY PASS   |  |
| CITY-ST-ZIP    | GROVELAND FL 34736                                      |  |
| TITLE          | D   | <input type="checkbox"/> Delete            |
| NAME           | NELSON, BETTY   |  |
| STREET ADDRESS | 5919 PEACEFUL PASS                                      |  |
| CITY-ST-ZIP    | GROVELAND FL 34736                                      |  |

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | President               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Nelson, Betty-Elizabeth |  |
| STREET ADDRESS | 5919 Peaceful Pass      |  |
| CITY-ST-ZIP    | Groveland, FL 34736     |  |
| TITLE          | Vice President          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Fletcher, Everett       |  |
| STREET ADDRESS | 5826 Peaceful Pass      |  |
| CITY-ST-ZIP    | Groveland, FL 34736     |  |
| TITLE          | Director                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Champagne, Armand       |  |
| STREET ADDRESS | 5976 Freedom Drive      |  |
| CITY-ST-ZIP    | Groveland, FL 34736     |  |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Patrick, Gertrude       |  |
| STREET ADDRESS | 6018 Unity Pass         |  |
| CITY-ST-ZIP    | Groveland, FL 34736     |  |
| 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: *Elizabeth A. Nelson* **Elizabeth A. Nelson** **2/25/02** **(352) 429-3508**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CPRE037 (9/01)