

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009881

FILED  
Mar 09, 2010  
Secretary of State

**Entity Name:** UOC DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

1155 N. CLAYTON ST.  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 708  
MT. DORA, FL 32756

**New Mailing Address:**

**FEI Number:** 80-0288786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, RICARDO P  
1155 N. CLAYTON ST  
MT. DORA, FL 32757 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: C  
Name: MOORE, RICARDO P  
Address: 1155 N. CLAYTON ST.  
City-St-Zip: MT. DORA, FL 32757

Title: T  
Name: HOWARD, SHAWN A  
Address: 1155 N. CLAYTON ST.  
City-St-Zip: MT. DORA, FL 32757

Title: VC  
Name: WOODS, ERNEST  
Address: 1155 N. CLAYTON ST.  
City-St-Zip: MT. DORA, FL 32757

Title: S  
Name: HARRIS, MARTHA  
Address: 1155 N. CLAYTON ST.  
City-St-Zip: MT. DORA, FL 32757

Title: D  
Name: MARTIN, PHILLIP  
Address: 1155 N. CLAYTON ST.  
City-St-Zip: MT. DORA, FL 32757

I hereby 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 all other like empowered.

**SIGNATURE:** RICARDO P. MOORE

**DIRE**

**03/09/2010**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date