AMENDED

08-08-2003 90093 044 ****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N95000004160

1. Entity Name
UNITED NATIVE AMERICANS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 540395 ORLANDO, FL 32854-0395 US	P.O. BOX 540395 ORLANDO, FL 32854-0395 US

2. Principal Place of Business	3. Mailing Address
P.O. Box 1126	P.O. Box 1126
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GOLDENROA, FL	City & State: GOLDENROA, FL
Zip: 32733-1126 Country: US	Zip: 32733-1126 Country: US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3333530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HATCHER, RICHARD H 4243 SETTLERS CT SAINT CLOUD, FL 34772	Name: STEPHEN L. OSBORNE Street Address (P.O. Box Number is Not Acceptable): 7801 FOX KNOLL PL City: WINTER PARK FL Zip Code: 32792

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: _____ STEPHEN L. OSBORNE 08-05-03
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

FILE NOW: FEE IS $61.25 - Initial or Amended UBR

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCFARLANE, ERICK 219 LONDON DRIVE PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEPHEN L OSBORNE 7801 FOX KNOLL PL WINTER PARK FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICHARD HATCHER 4243 SETTLERS CT SAINT CLOUD, FL 34772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JAY LAUGHLIN 850 MAURY LA #58 ORLANIO FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGINNIS, PAT 2125 TUMERIC AVENUE ORLANDO, FL 32837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAROL L OSBORNE 7801 FOX KNOLL PL WINTER PARK FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HATCHER, CINDY 4243 SETTLERS CT SAINT CLOUD, FL 34772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LODGE, DEBBIE 666 YOUNGSTOWN PKWY #267 ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGINNIS, PATTY MACK 3961 RAMBLER AVENUE SAINT CLOUD, FL 34772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ STEPHEN L OSBORNE 08-05-03 407/657-8882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #