

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


FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90022 030 ****61.25

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # N97000003406	
1. Entity Name GREATER PINEY GROVE DEVELOPMENT CORPORATION, INC	

Principal Place of Business 112 HUEY STREET WILDWOOD FL 34785	Mailing Address 112 HUEY STREET WILDWOOD FL 34785
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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 59-3449280	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CHANDLER, ARTHUR J REV. 112 HUEY STREET WILDWOOD FL 34785	

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 _____ 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 <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	CHANDLER, ARTHUR J REV.
STREET ADDRESS	112 HUEY STREET
CITY-ST-ZIP	WILDWOOD FL 34785
<input type="checkbox"/> Delete	
TITLE	NAME
SD	DEVEAN, VONCIA
STREET ADDRESS	703 ROSS ST
CITY-ST-ZIP	WILDWOOD FL 34785
<input type="checkbox"/> Delete	
TITLE	NAME
TD	TIMMANS JR, ALBERTS REV
STREET ADDRESS	300 TERRY STREET
CITY-ST-ZIP	WILDWOOD FL 34785
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 registered 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 to this report, with all other officers, directors, or registered trustees.

SIGNATURE: *DR. ARTHUR J. CHANDLER* **1-3-2003** **748-6420** **748-1695**

CR2E037 (10/02)