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

## DOCUMENT # N9800007215

1. Entity Name

GREATER GARDEN GROVE COALITION, INC.

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FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90202 042 \*\*\*\*61.25

Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKIN  City & State   City & State   City & State   4. FEI Number 59-3544477  Zip   Country   Zip   Country   5. Certificate of Status Desired    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered SarRNO, ROBERT   2996 PLANTATION RD SE   Street Address (PO. Box Number is Not Acceptable)  City   FI  6. 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 the obligations of registered agent.    SIGNATURE   Signature, typed or printed name of registered agent and the # applicable.   (NOTE: Registered Agent signature required when reinstaing)   DATE    FILE NOW: FEE IS \$61.25   9. Election Campaign Financing   \$5.00 May Be Added to Fees   Florida Deparation of Printed Page Address (PO. Box Number is Not Acceptable)  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   Delete   MAME   STREET ADDRESS   DEPARTMENT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   TITLE   DATE   Delete   MAME   DATE   Delete   MAME   DATE   Delete   MAME   DATE   DELete   DATE   DATE   DELete   DATE   DELete   DATE   DELete   DATE   DATE   DELete   DATE   DATE   DELete   DATE   DATE   DATE   DELete   DATE   DATE   DELete   DATE   DATE   DATE   DELete   DATE	\$8.75 Add Fee Required Agent  L Zip Code m familiar with,	opplied For ot Applicable ditional add
#INTER HAVEN FL 33884 WINTER HAVEN FL 33834  2. Principal Place of Business 3. Mailing Address  Suite, Apt. #, etc.   CHECK HERE IF MAKIN  City & State   City & State   4. FEI Number 59-3544477  Zip   Country   Zip   Country   5. Certificate of Status Desired   5. Name and Address of Current Registered Agent   Name    SARNO, ROBERT   Street Address (PO, Box Number is Not Acceptable)   Street Address (PO, Box Number is Not Acceptable)    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 Fiorida. I am the obligations of registered agent.  SIGNATURE   Signature, typed or printed name of registered agent and this if applicable.   (NOTE: Registered Agent signature registered agent, or both, in the State of Fiorida. I am the obligations of registered agent.    FILE NOW: FEE IS \$61.25   9. Election Campaign Financing   \$5.00 May Be Added to Fees   Make Check Florida Depa    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12. STREET ADDRESS   STRE	\$8.75 Add Fee Required Agent  L Zip Code m familiar with,	opplied For ot Applicable ditional add
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City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  Name  SARNO, ROBERT  2996 PLANTATION RD SE WINTER HAVEN FL 33884  City  City  FI  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 are the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  DP  Added to Fees  Make Check  Florida Depa  11. ADDITIONS/CHANGES TO OFFICERS AND DITIONS/STATE NAME  DP  SARNO, ROBERT  2996 PLANTATION RD SE WINTER HAVEN FL 33884  TITLE  NAME  DP  ROBERTS, CARL  Delete  TITLE  NAME  ROBERTS, CARL	\$8.75 Add Fee Required Agent  L Zip Cod m familiar with,	oplied For ot Applicable ditional ad
Country  Country  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  F.  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. Lam the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Make Check Florida Depa  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. SARNO, ROBERT SARNO, ROBERT SARNO, ROBERT SARNO, ROBERT STRET ADDRESS STRY-ST-ZPP WINTER HAVEN FL 33884  CITY-ST-ZPP WINTER HAVEN FL 33884  DIP Delete TITLE NAME	\$8.75 Add Fee Require d Agent  Zip Cod m familiar with,	ot Applicable ditional \( \) ad
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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:** 

3/11/03

863.324.0638