

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90216 014 \*\*\*150.00

**DOCUMENT # P01000120191**

1. Entity Name  
**BIRCH WOOD PARK, INC.**

Principal Place of Business  
**1977 DUNDEE DR.  
 WINTER PARK FL 32792**

Mailing Address  
**PO BOX 4961  
 ORLANDO FL 32802-4961**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**1977 Dundee Drive**  
 Suite, Apt. #, etc.

City & State  
**Winter Park, FL**

4. FEI Number  
**90-0006215**

Applied For  
 Not Applicable

Zip Country Zip Country  
**32792 Orange**

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

**6. Name and Address of Current Registered Agent**

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA,  
 390 N. ORANGE AVE., STE. 110  
 ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

Name **A & S Development, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1977 Dundee Drive**  
 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.

SIGNATURE **Shane Acevedo** **4/29/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ACEVEDO, SHANE L	1977 DUNDEE DR.	WINTER PARK FL 32792	<input type="checkbox"/>
D	SHEPHERD, THOMAS H	1977 DUNDEE DR.	WINTER PARK FL 32792	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Shane L. Acevedo, Director** **4/29/02 (4070 657-1113)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)