2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2004 08:00 AM
Secretary of State

ATX1

UNIFORM BUSINESS REPORT (UBR)					Apr U5, 2004 U8:00 AM	
DOCUMENT 1. Entity Name	# VO3563				Secretary of	State -
ORANGEWOOD DE	EVELOPMENT, INC.					
DO	NOT WRIT	E IN THIS	SPA	CE		
2. Principal Place	of Business	3. Mailing Address 505 US 27 N				_
505 US 27 N Suite, Apt. #, et	G.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number Applied For	
AVON PARK, FL		AVON PARK, FL			59-3132934	Not Applicat
Zip 33825	Country HIGHLANDS	Zip 33825	1	ountry LANDS	5. Certificate of Status Desired	- \$8.75 Addition Fee Required
35025	INCHO WAS	100020	1,		e and Address of Current Re	<u> </u>
				Name	, nn ,	
DO NOT WRITE				HAYES, RICHA	ress (P.O. Box Number is Not Acceptable)	
IN THIS SPACE			٠,	2080 GASTOR		
	IN I HIS S	PACE				
			•	City	F	Zip Code
8 The shove nam	od antitu submits this	statement for the nu	irnose of c	AVON PARK	tered office or registered agen	
State of Florida	. I am familiar with, a	nd accept the obligati	ions of regi	stered agent.	,	i, or both, artic
1			••	••	_ · · · ·	
SIGNATURE	nature, typed or printed nam	e of registered agent and ti	tle if applicable	. (NOTE: Registe	ered Agent signature required when rein	stating) DATE
January	1 - May 1 Fee is \$1	50.00				
After May 1, Fee is \$550.00					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fee	
	ended UBR is \$61.25 ble to Florida Depai			1	must rand Communion.	Added to Fee
10.		AND DIRECTORS	11.			
TITLE	PD	1116 41119 7 1 41119	Ti	TLE	1100000400034	
NAME	HAYES, RICHARD A			ME	U00000103271 s 04/05/04-80049-013 150.00	
STREET ADDRESS		2080 GASTOR RD		REET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 33825			TY-ST-ZIP TLE		<del></del>
TITLE NAME				AME		
STREET ADDRESS				REET ADDRESS	<b>&gt;</b>	
CITY-ST-ZIP				TY-ST-ZIP		
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NAME STREET ADDRESS				REET ADDRESS	DONOT	MOITE
CITY-ST-ZIP				TY-ST-ZIP	DO NOT	AALCITE
TITLE .				TLE	IN THIS SPACE	
NAME CTREET ADORESS				AME FREET ADDRESS	,	O. 710
STREET ADDRESS CITY-ST-ZIP			1	TY-ST-ZIP		
TITLE				TLE		
NAME				AME		
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CITY-ST-ZIP				TY-ST-ZIP TLE		
TITLE NAME	*.			AME		
STREET ADDRESS	6		<b>1</b>	TREET ADDRESS	\$	
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not				TY-ST-ZIP		مراجع المعاري
12. I hereby certify th	at the information supp	lied with this filing does	not qualify for	or the exemption s	itated in Section 119.07(3)(i), Flori	da 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD A. HAYES, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-452-6400 Daytime Phone #