## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 03, 2002 8:00 am Secretary of State DOCUMENT # V08095 1. Entity Name 03-03-2002 90066 040 \*\*\*150.00 RICHARD WOODRUFF HOMES, INC. Principal Place of Business Mailing Address -4396 4567 TIGUA ISLAND COURT P O BOX 4396 WINTER PARK FL 32793-4809 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3107075 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32793-4396 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODRUFF, RICHARD W. Street Address (P.O. Box Number is Not Acceptable) -445 WOLDUNN CIRCLE liqua Islam LAKE MARY FL 32746 8. The above par or the purpose of changing its registered office or registered agent, or both, in the State of Florida WHODRUFF SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so, After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Addition ☐ Delete NAME WOODRUFF, RICHARD WARREN NAME STREET ADDRESS 4567 TIGUA ISLAND COURT STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WOODRUFF, NANCY MARIE NAME NAME STREET ADDRESS 4567 TIGUA ISLAND COURT STREET ADDRESS CITY - ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIF ☐ Delete TITLE TITLE Change Addition WOODRUFF, NANCY MARIE NAME NAME STREET ADDRESS 4567 TIGUA ISLAND COURT STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

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

STREET ADDRESS

moos

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STREET ADDRESS

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30140

**FILED**