

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-19-2002 90251 024 ****61.25

DOCUMENT # N01000003346

1. Entity Name

BRATT COMMUNITY PARK, INC.

Principal Place of Business

3451 LAMBERT BRIDGE RD
 MCDAVID FL 32568

Mailing Address

3451 LAMBERT BRIDGE RD
 MCDAVID FL 32568

37131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCALL, MIKE
 3451 LAMBERT BRIDGE RD
 MCDAVID FL 32568

FL

Zip Code

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MCCALL, MIKE	3451 LAMBERT BRIDGE RD	MCDAVID FL 32568	<input type="checkbox"/>
V	CARAWAY, CLARK	3020 BRESTWORKS RD	MCDAVID FL 32568	<input type="checkbox"/>
T	GILMORE, CLARK	3330 N PINE BARRON RD	MCDAVID FL 32568	<input type="checkbox"/>
S	CHIRIEO, MARY	1880 LAMBERT BRIDGE RD	MCDAVID FL 32568	<input checked="" type="checkbox"/>
	Amr Holland			<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Amr Holland	2720 Brestworks Rd	McDavid, FL 32568	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02 850 327 4822

Date

Daytime Phone #

CR2E037 (9/01)