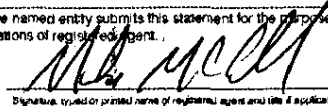
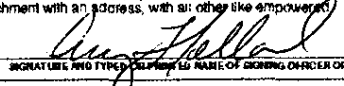


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91296 016 *****61.25

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

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 4/23/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing)					
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCALL, MIKE 3451 LAMBERT BRIDGE RD MCDAVID, FL 32568	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARAWAY, CLARK 3020 BRESTWORKS RD MCDAVID, FL 32568	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILMORE, CLARK 3330 N PINE BARRON RD MCDAVID, FL 32568	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLLAND, AMY 2720 BREAETHWORKS ROAD MC DAVID, FL 32568	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: 		NAME OF SIGNING OFFICER OR DIRECTOR: Amy Holland		DATE: 4/23/03 (850)327-4744	

11023885



☐ CHECK HERE IF MAKING CHANGES

0328337 (10/02)