

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90038 049 ****61.25

DOCUMENT # 734397

1. Entity Name

MIN-FARMS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1289
 CRYSTAL RIVER FL 34423

P.O. BOX 1289
 CRYSTAL RIVER FL 34423-1289

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

51-0189511

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOAMS, GARY
7850 W. CRINOLINE WEST
DUNNELLON FL 34433

Name

BARBARA A. ELKINS

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

6332 N. GOLD LEAF PT.

City

DUNNELLON

FL

Zip Code

34433

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

PRESIDENT

4/13/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | THOMAS, GARY D |
| STREET ADDRESS | 7850 W. CRINOLINE LN |
| CITY-ST-ZIP | DUNNELLON FL 34433 |
| TITLE | P <input checked="" type="checkbox"/> Delete |
| NAME | HARVEY, MORRIS |
| STREET ADDRESS | 8055 N DACCA TERR |
| CITY-ST-ZIP | DUNNELLON FL 34433 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | SATTERWHITE, JAMES |
| STREET ADDRESS | 7145 N CAESAR POINT |
| CITY-ST-ZIP | DUNNELLON FL 34433 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | HULSEBUS, GAYCORD |
| STREET ADDRESS | 8709 N. ZAVAL AVE |
| CITY-ST-ZIP | DUNNELLON FL 34433 |
| TITLE | S <input checked="" type="checkbox"/> Delete |
| NAME | MULVIE, SHARON |
| STREET ADDRESS | 7360 W COPENHAGEN ST |
| CITY-ST-ZIP | DUNELLON FL 34433 |
| TITLE | T <input checked="" type="checkbox"/> Delete |
| NAME | COBURN, ELLEN |
| STREET ADDRESS | 6721 COPENHAGEN ST |
| CITY-ST-ZIP | DUNNELLON FL 34433 |

| | |
|----------------|--|
| TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBARA A. ELKINS |
| STREET ADDRESS | 6332 N. GOLD LEAF POINT |
| CITY-ST-ZIP | DUNNELLON, FL 34433 |
| TITLE | SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOYCE VAUGHN |
| STREET ADDRESS | 8823 N. WINDBROOK |
| CITY-ST-ZIP | DUNNELLON, FL 34433 |
| TITLE | TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAYNE GUENTHER |
| STREET ADDRESS | 6594 N. GOLD LEAF PT. |
| CITY-ST-ZIP | DUNNELLON, FL 34433 |
| TITLE | 1ST VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHARLES GUENTHER |
| STREET ADDRESS | 6594 N. GOLD LEAF PT. |
| CITY-ST-ZIP | DUNNELLON, FL 34433 |
| TITLE | 2ND VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JANE WEBER |
| STREET ADDRESS | 5019 W. STARGAZER LN. |
| CITY-ST-ZIP | DUNNELLON, FL 34433 |
| TITLE | BRYANT HOLLAND, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRYANT HOLLAND, DIRECTOR |
| STREET ADDRESS | 7329 N. BRUTUS AVE |
| CITY-ST-ZIP | DUNNELLON, FL 34433 |

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: **BARBARA A. ELKINS, PRES.** 4/13/00 (352) 795-7813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (9/99)