

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90231 017 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 738330

1. Entity Name
CUMBERLAND CIRCLE COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address

2830 N.W. 41ST ST.
 STE. F
 GAINESVILLE FL 32606
 US

P.O. BOX 147050-30
 GAINESVILLE FL 32614
 US

2. Principal Place of Business 3. Mailing Address

C/O ACTION PEACEY *C/O ACTION PEACEY*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

GAINESVILLE FL *GAINESVILLE*

4. FEI Number Applied For

59-1883157 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

SMITH, BEVERLY K
 2830 N.W. 41ST ST.
 STE. F
 GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name: *D JEFFREY SAUSAMAN*

Street Address (P.O. Box Number is Not Acceptable):
C/O ACTION PEACEY

6110-B NW 1 PL

City: *GAINESVILLE* State: *FL* Zip Code: *32607*

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: *D Jeffrey Sausaman* *D JEFFREY SAUSAMAN* DATE: *3/14/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, BILL	NAME	
STREET ADDRESS	1592 NW 19TH CIR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000 32605	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLANT, BARBARA	NAME	
STREET ADDRESS	1620 NW 19TH CIR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE-FL 00000 32605	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, GEORGE	NAME	
STREET ADDRESS	1610 NW 19TH CIR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANELAS, MARCELO	NAME	
STREET ADDRESS	1622 NW 19TH CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605-4028	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, JANE	NAME	
STREET ADDRESS	1607 NW 19TH CIR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DON	NAME	
STREET ADDRESS	1638 NW 19TH CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: *George A. Bass* **GEORGE A. BASS** DATE: *3/14/00* DAYTIME PHONE #: *352-373-4284*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)