

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90178 048 \*\*\*\*61.25

DOCUMENT # **738330**  
 1. Entity Name **CUMBERLAND CIRCLE COMMUNITY ASSOC. INC.** ✓

Principal Place of Business Mailing Address  
**C/O ACTION REALTY**  
**6110-B NW 1 PL**  
**GAINESVILLE FL 32607**

**A0067203**

2. Principal Place of Business 3. Mailing Address  
**C/O ACTION REALTY**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**6110-B NW 1 PL**

DO NOT WRITE IN THIS SPACE

City & State City & State  
**GAINESVILLE FL**  
 Zip Country Zip Country  
**32607**

4. FEI Number **59-1883157** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**D JEFFREY SAUSAMAN**  
**C/O ACTION REALTY**  
**6110-B NW 1 PL**  
**GAINESVILLE FL 32607**

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.

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	VD BILL HOWARD 1592 NW 19 CIR. GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA GALLANT 1120 NW 19 CIR GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE BASS 1610 NW 19 CIR GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCELO CANEAS 1122 NW 19 CIR GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JANE HOLLAND 1607 NW 19 CIR GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON JOHNSON 1138 NW 19 CIR GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADELYN LOCKHART 1677 NW 19 CIR GAINESVILLE FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIMI CARR 1673 NW 19 CIR GAINESVILLE FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL MCKINLEY 1659 NW 19 CIR GAINESVILLE FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINS MCINTOSH 1635 NW 19 CIR GAINESVILLE FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **D Jeffrey Sausaman** **D Jeffrey Sausaman** 4/27/01 3523311237  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)