

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746931

1. Entity Name

MOULTRIE TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

121 CROOKED TREE TRAIL
ST AUGUSTINE FL 32086

Mailing Address

121 CROOKED TREE TRAIL
ST AUGUSTINE FL 32086-5523

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

59-2528333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOBSON & BROWN, P.A.
66 CUNA STREET
SUITE A
ST. AUGUSTINE FL 32084

Name

ROBERT A EBERLING

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

1400 OLD DIXIE HWY

SUITE E

City

ST AUGUSTINE FL

Zip Code

32086

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LUCIER, DAVID ☒ Delete
STREET ADDRESS 409 CAMELIA
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE PD
NAME VIRGINIA STAFFORD ☐ Change ☒ Addition
STREET ADDRESS 300 RAIN TREE TRAIL
CITY-ST-ZIP ST AUG FL 32086

TITLE VD
NAME MIGNON, WILLIAM ☐ Delete
STREET ADDRESS 723 CAMELIA TRL
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME GREENHALGH, CYONEY ☐ Delete
STREET ADDRESS 121 CROOKED TREE LANE
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME SUBOCK, JEAN ☒ Delete
STREET ADDRESS 706 CAMELIA
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE SD
NAME MARGARET EATON ☐ Change ☒ Addition
STREET ADDRESS 406 CAMELIA TRAIL
CITY-ST-ZIP ST AUG, FL, 32086

TITLE D
NAME TICE, CHARLES ☐ Delete
STREET ADDRESS 108 CROOKED TREE TR
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WILLIAMS, DAVID ☒ Delete
STREET ADDRESS 906 RED BUD TR
CITY-ST-ZIP ST.AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90024 026 ****61.25



DO NOT WRITE IN THIS SPACE

23 March 00

(904) 4619708