2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

FILED DOCUMENT # **754850** Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** BAY STATE SOUTH COMMUNITY ASSOCIATION, INC. 03-27-2000 90071 035 ****61.25 Principal Place of Business Mailing Address 2719 BEACON STREET P. O. BOX 490105 LEESBURG FL 34749-0105 EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2089606 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DON LACKEY Street Address (P.O. Box Number is Not Acceptable) 2385 WEST OLD US 441 WOODS, ED 600 ARLINGTON CT. EUSTIS FL 32726 Zip Code 32757 MT. DORA 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida **DOUGLED** LACKEY* — DIRECTOR** SIGNATURE A ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD Addition ☐ Change TITLE X Delete TITLE SHEPPARD, KATHRYN NAME NAME LOWMAN, JIM STREET ADDRESS 620 PARK ST. STREET ADDRESS 608 PARK STREET CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726 EUSTIS FL 32726 TITLE STD ☐ Delete TITLE Change ☐ Addition NAME COATS, BARBARA P. NAME STREET ADDRESS 2719 BEACON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EUSTIS FL...** X Delete TITLE D ☐ Change TITLE NAME GIDDENS, BOB NAME BAGG, CHARLES STREET ADDRESS STREET ADDRESS 2801 HARDENBERGH LN. 241 DIEDRICH STREET CITY-ST-ZIP CITY-ST-7IP EUSTIS FL 32726 EUSTIS FL 32726 TITLE Change ☐ Addition ☐ Delete TITI F LIVINGSTON, NELDA NAME NAME STREET ADDRESS STREET ADDRESS 607 ARLINGTON CT. CITY-ST-ZIP CITY-ST-712 EUSTIS FL 32726 VPD Change X Addition X. Delete TITLE TITLE BALLENGER, GERALD NAME NAME LACKEY, DONALD STREET ADDRESS STREET ADDRESS 711 KENMORE COURT 2385 WEST OLD US 441 CITY-ST-ZIP CITY-ST-ZIE EUSTIS FL 32726 MT. DORA FL 32757 Change Addition TITLE ☐ Delete TITLE D NAME NAME JACOBY, MAX STREET ADDRESS STREET ADDRESS 606 PARK STREET CITY-ST-7IP CITY-ST-ZIP EUSTIS FL 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