

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90146 004 ****61.25

C0097948

DO NOT WRITE IN THIS SPACE

DOCUMENT # 757265

1. Entity Name

Indian Pines Property Owners Assoc.

Principal Place of Business

P.O. Box 1155

Stuart, FL 34995

Mailing Address

P.O. Box 1155

Stuart, FL 34995

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2168307

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Bristol Management Services

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

725 N. A1A, Suite C110

City

Jupiter

FL

Zip Code

33477

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

Steve Clark

5/1/00

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

3021 ASTER LANE
STUART, FL 34997

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3181 ASTER LANE
STUART, FL 34997

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3081 ASTER LANE
STUART, FL 34997

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3021 ASTER LANE
STUART, FL 34997

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Change ☐ Addition

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

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☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: Betty Richards

5/1/00

561-288-7255