

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761742

1. Entity Name

PADDOCK VILLAS HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business

3443 SW 18 PL
OCALA FL 34474
US

Mailing Address

3443 SW 18 PL
OCALA FL 34474-2841
US

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

59-2246460

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

MC ALISTER, WILLIAM C
3442 S.W. 19TH STREET
OCALA FL 34474

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MC ALISTER, WILLIAM C
STREET ADDRESS 3442 S.W. 19TH STREET
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

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

TITLE VPD
NAME TAYLOR, MELVIN
STREET ADDRESS 3442 SW 19 ST
CITY-ST-ZIP Ocala FL 34474 ☒ Delete

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

TITLE SD
NAME BROWN, GAIL
STREET ADDRESS 1902 S.W. 35TH AVENUE
CITY-ST-ZIP Ocala FL 34474 ☒ Delete

TITLE VPD
NAME BROWN, GAIL
STREET ADDRESS 1902 S.W. 35TH AVENUE
CITY-ST-ZIP Ocala, FL. 34474 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SD
NAME ROY DEWALT
STREET ADDRESS 3450 S. W. 19TH ST.
CITY-ST-ZIP Ocala, FL. 34474 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TD
NAME FRANK GEORGE
STREET ADDRESS 3447 S.W. 19TH STREET
CITY-ST-ZIP Ocala, FL. 34474 ☐ 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: William C. McAlister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90190 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)