

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90103 031 \*\*\*\*61.25

**DOCUMENT # 761992**

1. Entity Name

**DEER RUN HOMEOWNERS ASSOCIATION #1, INC.**

Principal Place of Business

Mailing Address

C/O TONI FORBES  
 629 DEER RUN CT  
 CASSELBERRY FL 32707  
 US

C/O TONI FORBES  
 629 DEER RUN CT  
 CASSELBERRY FL 32707  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2253918**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORBES, TONI**  
**629 DEER RUN CT**  
**CASSELBERRY FL 32707**

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                   | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, JIM        |                                 |
| STREET ADDRESS | 633 DEER RUN CT      |                                 |
| CITY-ST-ZIP    | CASSELBERRY FL 32707 |                                 |
| TITLE          | VD                   | <input type="checkbox"/> Delete |
| NAME           | MATLOCK, MOSE        |                                 |
| STREET ADDRESS | 625 DEER RUN CT      |                                 |
| CITY-ST-ZIP    | CASSELBERRY FL 32707 |                                 |
| TITLE          | SD                   | <input type="checkbox"/> Delete |
| NAME           | HEYDRICK, JANINIE    |                                 |
| STREET ADDRESS | 612 DEER RUN CT      |                                 |
| CITY-ST-ZIP    | CASSELBERRY FL 32707 |                                 |
| TITLE          | TD                   | <input type="checkbox"/> Delete |
| NAME           | FORBES, TONI         |                                 |
| STREET ADDRESS | 629 DEER RUN CT      |                                 |
| CITY-ST-ZIP    | CASSELBERRY FL 32707 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

*Toni Forbes* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2001 (407) 695-6878

Date

Daytime Phone #

CR2E037 (10/00)