

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90018 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 768732**

1. Entity Name  
**PLANTATION PLACE OWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**4400 BAYOU BLVD**                      **4400 BAYOU BLVD**  
**SUITE 35**                                      **SUITE 35**  
**PENSACOLA FL 32503**                      **PENSACOLA FL 32503-2682**  
**US**    **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

4. FEI Number      Applied For  
**59-2454478**                      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
                     

6. Name and Address of Current Registered Agent  
**CHALK, WESLEY**  
**4400 BOYOU BLVD SUITE 35**  
**PENSACOLA FL 32503**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LYNCH, BILL</b> <b>7150 PLANTATION RD UNIT 113</b> <b>PENSACOLA FL 32504</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HOLSTEAD, RHONDA</b> <b>7150 PLANTATION RD, UNIT 421</b> <b>PENSACOLA FL 32504</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>VAN MATRE, AMY</b> <b>7150 PLANTATION RD, UNIT 424</b> <b>PENSACOLA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VAN MATRE, AMY</b> <b>7150 PLANTATION ROAD, UNIT 424</b> <b>PENSACOLA, FL 32504</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARBY, DON</b> <b>6015 LAURELWOOD RD</b> <b>MILTON FL 32570</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>HUGGINS, BRENDA</b> <b>7150 PLANTATION RD, UNIT 223</b> <b>PENSACOLA FL 32504</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYDEN, GEORGE</b> <b>7150 PLANTATION ROAD, UNIT 125</b> <b>PENSACOLA, FL 32504</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:** *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)