

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14855

1. Entity Name

QUAIL RUN HOMEOWNERS' ASSOCIATION OF CITRUS COUN

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90018 005 ****61.25

Principal Place of Business

Mailing Address

%GEORGE L. PATTERSON
 7981 TENTH AVENUE SOUTH
 ST. PETERSBURG FL 33707

%GEORGE L. PATTERSON
 7981 TENTH AVENUE SOUTH
 ST. PETERSBURG FL 33707-2703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2805081

Applied For

Not Applied For

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

PATTERSON, GEORGE L.
 7981 TENTH AVENUE SOUTH
 ST. PETERSBURG FL 33707

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	PTD	<input type="checkbox"/> Delete
NAME	PATTERSON, GEORGE L.	
STREET ADDRESS	7981 TENTH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PICKLE, HERBERT E.	
STREET ADDRESS	5365 STERLING RD	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRASER, LEWIS L.	
STREET ADDRESS	6300 26TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	MCPHARLIN, PETER	
STREET ADDRESS	1249 E SILVER THORN LP	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DUTTWEILER, RALPH	
STREET ADDRESS	1229 E SILVERTHORN DR	
CITY-ST-ZIP	HERNANDO FL 34442	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROHLE, BRUNO	
STREET ADDRESS	1211 E. SILVERTHORN LP	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	DAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STETSON, CLAYTON	
STREET ADDRESS	1250 E. SILVERTHORN LP.	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DAVP	<input checked="" 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 the seal 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:

George L. Patterson Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

St. Petersburg, FL 33743-7025

George L. Patterson Sr.
 P.O. Box 47025

01/07/00 727/345-3145

Date

Daytime Phone #