

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90223 019 \*\*\*\*61.25

**DOCUMENT # N22431**

1. Entity Name

**MANOR HILL OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1782  
 SEBRING FL 33871  
 US

P.O. BOX 1782  
 SEBRING FL 33871-1782  
 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

**59-2854963**

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

**RICE, KAY A**  
**3902 SUNRISE DR**  
**SEBRING FL 33872**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DON JOHNSON</b>	
STREET ADDRESS	<b>1700 SUNRISE DR.</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELMORE, BILL</b>	
STREET ADDRESS	<b>3107 MONZA DR</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>RICE, KAY ANN</b>	
STREET ADDRESS	<b>3902 SUNRISE DR</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STANGE, PATRICIA</b>	
STREET ADDRESS	<b>2917 MONZA DR</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MARABEL, STEVE</b>	
STREET ADDRESS	<b>3206 MONZA DR</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jerry Kaiser</b>	
STREET ADDRESS	<b>4000 Sunrise Dr</b>	
CITY-ST-ZIP	<b>Sebring, FL 33872</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Barbara Snapp</b>	
STREET ADDRESS	<b>3100 Monza Drive</b>	
CITY-ST-ZIP	<b>Sebring, FL 33872</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<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 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:

*Kay Ann Rice*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00  
 Date

863-471-2332  
 Daytime Phone #

CR2E037 (9/99)