

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-15-2001 90224 004 ****61.25

DOCUMENT # N25532

1. Entity Name

BIG PINE ACRES MOBILE HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

MILDRED MOORE
C/O GUILFORD MACDONALD
3290 W PARKVILLE ST LOT #10
LECANTO FL 34461
US

Mailing Address

MILDRED MOORE
C/O GUILFORD MACDONALD
3290 W PARKVILLE ST LOT #10
LECANTO FL 34461
US

2. Principal Place of Business

C/O MILDRED MOORE

Suite, Apt. #, etc.
3290 W PARKVILLE ST. LOT #10

City & State
LECANTO FL

Zip
34461-7914

Country
US

3. Mailing Address

C/O MILDRED MOORE

Suite, Apt. #, etc.
3290 W PARKVILLE ST. LOT #10

City & State
LECANTO, FL

Zip
34461-7914

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, RICHARD
3290 W PARKVILLE STREET
LOT #9
LECANTO FL 34461

7. Name and Address of New Registered Agent

Name **JACKSON, JOYCE**

Street Address (P.O. Box Number is Not Acceptable)

3290 W PARKVILLE ST
LECANTO, FL ~~3290~~ **LOT #18**

City **FL** Zip Code **34461-7914**

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 **(JOYCE JACKSON) Joyce A. Jackson** **3-13-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures 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

| | | |
|----------------|------------------------------------|--|
| TITLE | JD | <input checked="" type="checkbox"/> Delete |
| NAME | MACDONALD, GUILFORD | <i>change</i> |
| STREET ADDRESS | 3290 W PARKVILLE STR, LOT 8 | |
| CITY-ST-ZIP | LECANTO FL 34461-7914 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | WRIGHT, RICHARD | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT 9 | |
| CITY-ST-ZIP | LECANTO FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | JACKSON, | |
| STREET ADDRESS | 3290 W PARKVILLE LOT 18 | |
| CITY-ST-ZIP | LECANTO FL 34461 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BOWEN, JOHN | |
| STREET ADDRESS | 3290 PARKVILLE ST., LOT 24 | |
| CITY-ST-ZIP | LECANTO FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DOUGLAS, HUM | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT 23 | |
| CITY-ST-ZIP | LECANTO FL 34461 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | AURIN, WALTER | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT #17 | |
| CITY-ST-ZIP | LECANTO FL 34461 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|---|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACKSON, JOYCE | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT #18 | |
| CITY-ST-ZIP | LECANTO, FL 34461-7914 | |
| TITLE | VP/D | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JARVARECK, RICHARD | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT | |
| CITY-ST-ZIP | LECANTO FL 34461-7914 | |
| TITLE | S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MOORE MILDRED | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT #10 | |
| CITY-ST-ZIP | LECANTO, FL 34461-7914 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PROCEK, MICHAEL | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT #25 | |
| CITY-ST-ZIP | LECANTO FL 34461-7914 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | YOUNG BLOOD, DAVID | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT # | |
| CITY-ST-ZIP | LECANTO, FL 34461-7914 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AURIN, WALTER | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT #17 | |
| CITY-ST-ZIP | LECANTO, FL 34461-7914 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **(JOYCE JACKSON) Joyce A. Jackson** **3-13-01** **352-527-9382**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)