

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90021 008 \*\*\*\*61.25

DOCUMENT # **N 444 04**

1. Entity Name  
**SOUTHLAKE ESTATES HOMEOWNERS ASSOCIATION, INC.** ✓

Principal Place of Business      Mailing Address  
**2654 Hemlock CT, Middleburg, FL 32068 US**      **2654 Hemlock CT, Middleburg, FL 32068 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  
**59-3079360**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**Bekkum, Eldon L.**  
**2654 Hemlock CT.**  
**Middleburg, FL 32068**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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  Delete  
 NAME **PD Bekkum, Eli**  
 STREET ADDRESS **2654 Hemlock CT.**  
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE  Delete  
 NAME **VD Graber, Mike**  
 STREET ADDRESS **2645 Hastate CT.**  
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE  Delete  
 NAME **TD Cambrom, T.D.**  
 STREET ADDRESS **1833 Southlake Dr.**  
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE  Delete  
 NAME **SD Andrews, Bill**  
 STREET ADDRESS **1815 Lake Edge Dr.**  
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME **PD Cambrom, T.D.**  
 STREET ADDRESS **1833 Southlake Dr.**  
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE  Change  Addition  
 NAME **VD Haksteen, Herman**  
 STREET ADDRESS **1808 Lake Edge Dr.**  
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE  Change  Addition  
 NAME **TD Bekkum, Eldon L.**  
 STREET ADDRESS **2654 Hemlock CT.**  
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE  Change  Addition  
 NAME **SD Andrews, Bill**  
 STREET ADDRESS **1815 Lake Edge Dr.**  
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: **Eldon L. Bekkum**      **Eldon L. Bekkum**      **5/16/00**      **904-269-4743**

Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #

CR2E037 (9/99)