

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47931

1. Entity Name

HUNTERS' CROSSING P/D OWNERS ASSOCIATION, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90058 036 ****61.25

Principal Place of Business

2830 N.W. 41 ST.
STE. F
GAINESVILLE FL 32606
US

Mailing Address

P.O. BOX 147050
SUITE 30
GAINESVILLE FL 32614-7050
US

2. Principal Place of Business

3. Mailing Address

2830 NW 41 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite F

City & State

City & State
Gainesville FL

Zip

Country

Zip
32606

Country
USA

4. FEI Number

59-3178270

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

SMITH, BEVERLY K.
2830 N.W. 41 ST.
STE. F
GAINESVILLE FL 32606

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 PD
NAME WALLACE, HOWARD K
STREET ADDRESS 4707 NW 53RD AVE, SUITE A
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME MACLEOD, DEBBIE
STREET ADDRESS 4121-B NW 37TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME CUBBAGE, GILBERT G
STREET ADDRESS 10407 CENTURION PARKWAY N., STE. 108
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS 1400 Marsh Landing Parkway, Ste 109
CITY-ST-ZIP JACKSONVILLE Bch, FL 32250 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/00

352 377-2240

Date

Daytime Phone #

CR2E037 (9/99)