

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90111 022 ****61.25

DOCUMENT # N93000000830

1. Entity Name

THE SANCTUARY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14344 S.E. 131ST PLACE
 OCKLAWAHA FL 32183
 US

P.O. BOX 1580
 OCKLAWAHA FL 32183-1580
 US

2. Principal Place of Business

14300 SE 128th STREET

3. Mailing Address

14300 SE 128th STR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCKLAWAHA, FL

City & State

OCKLAWAHA, FL

4. FEI Number

65-0470977

Applied For

Not Applicable

Zip

32179

Country

USA

Zip

32179

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURDOCK, DEBORAH J
 14344 S.E. 131ST PLACE
 OCKLAWAHA FL 32183

7. Name and Address of New Registered Agent

Name THOMAS D. INGRAM

Street Address (P.O. Box Number is Not Acceptable)
 14300 SE 128th Street

City OCKLAWAHA

FL

Zip Code 32179

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 *Thomas D. Ingram* PRES.

4-28-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MURDOCK, MIHCAEL	
STREET ADDRESS	14344 S.E. 131 ST PLACE	
CITY-ST-ZIP	OCKLAWAHA FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	POTTS, JIM	
STREET ADDRESS	614 WOODRIDGE DR	
CITY-ST-ZIP	FERN PARK FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KERNAN, BILL	
STREET ADDRESS	P.O. BOX 1614 N/A	
CITY-ST-ZIP	OCKLAWAHA FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MURDOCK, DEBORAH J	
STREET ADDRESS	14344 S.E. 131 ST PLACE	
CITY-ST-ZIP	OCKLAWAHA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OVERCASH, TODD	
STREET ADDRESS	14311 SE 128th STR	
CITY-ST-ZIP	OCKLAWAHA, FL 32179	
TITLE	TRES.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS D. INGRAM	
STREET ADDRESS	14300 SE 128th STR.	
CITY-ST-ZIP	OCKLAWAHA, FL 32179	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURT WOELFEL	
STREET ADDRESS	P.O. Box 37	
CITY-ST-ZIP	OCKLAWAHA, FL 32183	
TITLE		<input 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: *Thomas D. Ingram*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 (352) 288-3692
 Date Daytime Phone #