

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90120 038 ****61.25

UNIFORM

DOCUMENT # N93000000830

1. Entity Name

THE SANCTUARY OWNERS ASSOCIATION, INC.

Principal Place of Business

14300 SE 128TH STREET
 OCKLAWAHA FL 32179
 US

Mailing Address

14300 SE 128TH STREET
 OCKLAWAHA FL 32179
 US

AU012913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0470977

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INGRAM, THOMAS D
 14300 SE 128TH STREET
 OCKLAWAHA FL 32179

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: OVERCASH, TODD
 STREET ADDRESS: 14311 SE 128TH STREET
 CITY-ST-ZIP: OCKLAWAHA FL 32179
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: T
 NAME: INGRAM, THOMAS D
 STREET ADDRESS: 14300 SE 128TH STREET
 CITY-ST-ZIP: OCKLAWAHA FL 32179
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: STD
 NAME: KERNAN, BILL
 STREET ADDRESS: P.O. BOX 1614 N/A
 CITY-ST-ZIP: OCKLAWAHA FL 32179
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: VPD
 NAME: WOEFEL, KURT
 STREET ADDRESS: P O BOX 37
 CITY-ST-ZIP: OCKLAWAHA FL 32183
 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.7.01 (352) 629-1505

CR2E037 (10/00)