

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001619

1. Entity Name

FOREST GLENN HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90036 022 ****61.25

Principal Place of Business

Mailing Address

5214 FOREST GLENN DR
SPRING HILL FL 34607
US

5214 FOREST GLENN DR
SPRING HILL FL 34607-3924
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3182942

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

KRUEGER, OLIVER W
5214 FOREST GLENN DR
SPRINGHILL FL 34607

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 Oliver W. Krueger, Registered Agent
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/00

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 D ☐ Delete
NAME MANISCALCO, NAT
STREET ADDRESS 5165 FOREST GLENN DR
CITY-ST-ZIP SPRING HILL FL 34607

TITLE P ☐ Change ☒ Addition
NAME Ross Buchwald
STREET ADDRESS 5136 Forest Glenn Dr.
CITY-ST-ZIP Spring Hill, FL 34607

TITLE D ☒ Delete
NAME JOE SHANKS
STREET ADDRESS 5116 FOREST GLENN DR
CITY-ST-ZIP SPRINGHILL FL 34607

TITLE S ☒ Change ☐ Addition
NAME Marilyn Kuhlow
STREET ADDRESS 5210 Forest Glenn Dr.
CITY-ST-ZIP Spring Hill, FL 34607

TITLE SD ☒ Delete
NAME KUHLOW, MARILYN A
STREET ADDRESS 5210 FOREST GLENN DR
CITY-ST-ZIP SPRINGHILL FL 34607

TITLE D ☐ Change ☒ Addition
NAME Betty Tvrdik
STREET ADDRESS 1415 Cross Bow Lane
CITY-ST-ZIP Spring Hill, FL 34607

TITLE TD ☐ Delete
NAME WOLFF, MARGE
STREET ADDRESS 1416 CROSS BOLO LANE
CITY-ST-ZIP SPRINGHILL FL

TITLE D ☐ Change ☒ Addition
NAME Jackie Imbrogno
STREET ADDRESS 5169 Forest Glenn Dr.
CITY-ST-ZIP Spring Hill, FL 34607

TITLE D ☒ Delete
NAME MULLER, WALT
STREET ADDRESS 5087 BUCCANER BLVD
CITY-ST-ZIP SPRING HILL FL 34607

TITLE D ☐ Change ☒ Addition
NAME Larry Gagne
STREET ADDRESS 5124 Forest Glenn Dr.
CITY-ST-ZIP Spring Hill FL 34607

TITLE D ☐ Delete
NAME WALT FAY
STREET ADDRESS 1403 CROSS BOW LN
CITY-ST-ZIP SPRINGHILL FL 34607

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:

Marilyn Kuhlow, Secy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)