## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## **FILED** DOCUMENT # N93000002506 Apr 17, 2000 8:00 am Secretary of State KENSINGTON PARK OWNERS ASSOCIATION. INC. 04-17-2000 90045 034 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 147050 2830 NW 41ST STREET STE #F SUITE 30 GAINESVILLE FL 32614-7050 GAINESVILLE FL 32606 3. Mailing Address 2. Principal Place of Business 2830 NW 41 64. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite F Applied For City & State 4.-FEI Number City & State GAINPOULLE FL 59-3232535 Not Applicable Country USA \$8.75 Additional Zip Country 5. Certificate of Status Desired 32606 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Mumber is Not Acceptable) SMITH, BEVERLY K. 2830 NW 41ST STREET Shite F STE #F City Zip Code **GAINESVILLE FL 32606** GAINESUILLE 32606 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 DATE Signature, typed or printed name of register (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. V D ☐ Addition TITLE ☐ Delete TITLE NAME HOUSTON, SHERRY NAME STREET ADDRESS STREET ADDRESS 5011 NW 51 PL CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 Addition ☐ Change TITLE PD Delete TITLE Bowers, Betsy --NAME NAME ROBELL SUSAN ---5227 NW 50 Terr STREET ADDRESS STREET ADDRESS 5130 NW 48TH TERRACE CITY-ST-ZIP CITY-ST-ZIP Gainraville FL 32606 Gainesville FL 32606 ☐ Addition Change TITLE Delete TITLE CARLSON, REGINA NAME STREET ADDRESS STREET ADDRESS 4810 NW 51 PL CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 PD Change ☐ Addition **VPD** ☐ Delete TITLE NAME SCOTT, KAREN NAME STREET ADDRESS STREET ADDRESS 5211 NW 50 TERR CITY-ST-ZIP CITY-ST-ZIP Gainesville FL 32606 TITLE ☐ Change ☐ Addition Delete TITI F Corales, Janet 5226 NW 50 Terr NAME HINZE, MAXINE STREET ADDRESS STREET ADDRESS 5040 NW 50TH TERRACE CITY-ST-ZIP CITY-ST-ZIP 32-106 GAINESUILLE FL GAINESVILLE FL 32606 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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