

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-26-2002 90034 043 ****61.25

DOCUMENT # N94000000824

1. Entity Name

NEWBERRY HILLS OFFICE CONDOMINIUM ASSN., INC.

Principal Place of Business

Mailing Address

101 N.W. 75TH STREET
 SUITE 1
 GAINESVILLE FL 32607
 US

101 N.W. 75TH STREET
 SUITE 1
 GAINESVILLE FL 32607
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3546802

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24589



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUGH, MERRILL
 101 N.W. 75TH STREET, #1
 GAINESVILLE FL 32607

Name **John N. Pla**
 Street Address (P.O. Box Number is Not Acceptable)
101 NW 75th St, #1
 City **Gainesville** FL Zip Code **32607**

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 registrant agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/02

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 **DP** Delete
 NAME **PUGH, MERRILL**
 STREET ADDRESS **101 N.W. 75TH STREET, #1**
 CITY-ST-ZIP **GAINESVILLE FL 32601-3260**

TITLE **DP** Change Addition
 NAME **John Howard**
 STREET ADDRESS **101 NW 75th St, #1**
 CITY-ST-ZIP **Gainesville, FL 32607**

TITLE **DVST** Delete
 NAME **PLA, JOHN**
 STREET ADDRESS **101 N.W. 75TH STREET, #1**
 CITY-ST-ZIP **GAINESVILLE FL 32601-3260**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **JOHNSON, CARL L**
 STREET ADDRESS **4421 N.W. 39TH AVENUE, #1-2**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

3/14/02

352-331-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)