

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90124 026 \*\*\*\*61.25

**DOCUMENT # N96000002900**

1. Entity Name

**ALAMAR VILLAGE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1411 NE 22ND AVE  
 105  
 OCALA FL 34470  
 US

1411 NE 22ND AVE  
 105  
 OCALA FL 34470-7733  
 US

2. Principal Place of Business

611 S.E. 131st St.  
 Suite, Apt. #, etc.

3. Mailing Address

611 S.E. 131st St.  
 Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34478

Country

U.S.

Zip

34478

Country

U.S.

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ETHRIDGE, MICHAEL E.  
 1411 NE 22ND AVE  
 OCALA FL 34470

7. Name and Address of New Registered Agent

Name: Davis, Tammy L.  
 Street Address (P.O. Box Number is Not Acceptable):  
611 S.E. 131st St.  
 City: Ocala FL Zip Code: 34478

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: Tammy L. Davis Pres. Tammy L. Davis DATE: 3-2-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DP	<input checked="" type="checkbox"/> Delete
NAME	ETHRIDGE, MIKE	
STREET ADDRESS	1411 NE 22ND AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, KEVIN	
STREET ADDRESS	767 SE 131ST ST	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, TAMMY	
STREET ADDRESS	45 ALMOND WAY	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Tammy	
STREET ADDRESS	611 S.E. 131st St.	
CITY-ST-ZIP	Ocala, FL. 34480	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Govier, Christine	
STREET ADDRESS	679 S.E. 131st St.	
CITY-ST-ZIP	Ocala, FL-34480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramharrack, Carol	
STREET ADDRESS	4440 S.W. 44th Ln.	
CITY-ST-ZIP	Ocala, FL. 34474	
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		
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: Tammy L. Davis DATE: 3-2-00 (352) 307-6506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)