

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000320

1. Entity Name

COUNTRYSIDE LAKES PROPERTY OWNERS ASSOCIATION, I

Principal Place of Business

16435 SE 138 AVE
WEIRSDALE FL 32195

Mailing Address

P.O. BOX 498
WEIRSDALE FL 32195

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3613675

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

DOUGLAS, R HUGH
13655 SE 162 PLACE
WEIRSDALE FL 32195

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 DOUGLAS, R HUGH
STREET ADDRESS 13655 SE 162 PLACE
CITY-ST-ZIP WEIRSDALE FL 32195 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME HOGENBOOM, LILLIAN D
STREET ADDRESS 6 B FLORABUNDA CIRCLE
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME ALBRIGHT, GEORGE J JR
STREET ADDRESS 17017 SE 150 AVENUE ROAD
CITY-ST-ZIP WEIRSDALE FL 32195 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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:

R. Hugh Douglas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

(352) 821-2211

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)