

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001322

1. Entity Name

PLANTATION ESTATES OWNERSHIP ASSOCIATION, INC.

Principal Place of Business

Mailing Address

633 N.W. 8TH AVENUE
GAINESVILLE FL 32601

633 N.W. 8TH AVENUE
GAINESVILLE FL 32605-6416

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

59-3509700

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

BOVEY, JOHN C
633 N.W. 8TH AVENUE
GAINESVILLE FL 32601

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 ☒ Delete
NAME BOVEY, JOHN C
STREET ADDRESS 633 N.W. 8TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE PD ☐ Change ☒ Addition
NAME GWEN ~~STEELE~~ CREEL
STREET ADDRESS 633 N.W. 8TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE SD ☐ Delete
NAME AMIRITY, DESSIE
STREET ADDRESS 633 N.W. 8TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE SD ☒ Change ☐ Addition
NAME DEBBIE AMIRIN
STREET ADDRESS 633 N.W. 8TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE TD ☐ Delete
NAME WOODYARD, CHRIS
STREET ADDRESS 633 N.W. 8TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE VD ☐ Change ☒ Addition
NAME CARLA SUMMERS
STREET ADDRESS 633 N.W. 8TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32601

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)(f), 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:

C. SIGNATURE WOODYARD

4/16/2000 (352) 337 0881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90019 008 ****61.25



DO NOT WRITE IN THIS SPACE