

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/1

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90019 028 \*\*\*\*61.25

**DOCUMENT # N99000006824**

1. Entity Name

121 NORTH FARMS OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1017 N.E. 156TH ~~STREET~~ AVE.  
 GAINESVILLE FL 32609

1017 N.E. 156TH ~~STREET~~ AVE.  
 GAINESVILLE FL 32609-4475

2. Principal Place of Business ...

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

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

ROBINSON, A M  
 1017 N.E. 156TH ~~STREET~~ AVE.  
 GAINESVILLE FL 32609

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: D  Delete  
 NAME: ROBINSON, A M  
 STREET ADDRESS: 1017 N.E. 156TH ~~STREET~~ AVE.  
 CITY-ST-ZIP: GAINESVILLE FL 32609

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

TITLE: D  Delete  
 NAME: ROBINSON, DOROTHY B  
 STREET ADDRESS: 1017 N.E. 156TH ~~STREET~~ AVE.  
 CITY-ST-ZIP: GAINESVILLE FL 32609

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

TITLE: D  Delete  
 NAME: WATERS, REDA  
 STREET ADDRESS: 1017 N.E. 156TH ~~STREET~~ AVE.  
 CITY-ST-ZIP: GAINESVILLE FL 32609

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:

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:

*ASMANOTE KESTOR: D*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 9. 2000 (352) + 85 1170  
 Date Daytime Phone #

CR20007 (5/9/99)