

2000 UNIFORM BUSINESS REPORT (UBR)

9/5/00-90040-040-\$61.25-\$61.25

DOCUMENT # N99000007168

1. Entity Name

SWALLOWFORK SUBDIVISION, HOMEOWNERS ASSOCIATION.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 8:58

Principal Place of Business

Mailing Address

3000 US HWY. 310 SOUTH
CALLAHAN FL 32011

3000 US HWY. 310 SOUTH
CALLAHAN FL 32011

2. Principal Place of Business

3000 U.S. Hwy 301 South
Suite, Apt. #, etc.

3. Mailing Address

3000 U.S. Hwy 301 South
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Callahan, FL

City & State

Callahan, FL

4. FEI Number

59-36060-713

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip
32011

Country
USA

Zip
32011

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGGINBOTHAM, NORWOOD E
3000 US HWY. 310 SOUTH
CALLAHAN FL 32011

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
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP | PD HIGGINBOTHAM, NORWOOD E 3000 US HWY. 310 SOUTH CALLAHAN FL 32011 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Higginbotham, Norwood E. 3000 U.S. Hwy 301 South Callahan, FL 32011 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Shana D. Windsor 6157 Cotton Tail Trail Callahan, FL 32011 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jeffrey Windsor 6157 Cotton Tail Trail Callahan, FL 32011 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Judy M. Higginbotham 3000 US Hwy 301 South Callahan, FL 32011 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-00
Date

904-879-5983
Daytime Phone #

CR2E037 (5/00)