

**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 CORPORATIO.

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

Zip

32011

Country

USA

Zip

32011

Country

USA

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

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, FLA 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, FLA 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, FLA 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)