

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03841

1. Entity Name

FISHERMAN'S VILLAGE OWNERS ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90052 034 ****61.25

Principal Place of Business

Mailing Address

1ST ST. & U.S. 27

P.O. BOX 311

MOORE HAVEN FL 33471

1ST ST. & U.S. 27

P.O. BOX 311

MOORE HAVEN FL 33471-0311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1546571

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STROPE, L.E.

399 AVE. "J" R 3

MOORE HAVEN FL 33471

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 MILES, ANTHONY
STREET ADDRESS PO BOX 33430
CITY-ST-ZIP INDIANAPOLIS IN

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

TITLE VP ☐ Delete
NAME GUTHRIE, BILL
STREET ADDRESS R 3 BOX 281
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE VP ☒ Change ☐ Addition
NAME Bishop, Jack
STREET ADDRESS 1501 ANN ST
CITY-ST-ZIP Lawrenceburg TN 38464

TITLE D ☒ Delete
NAME BISHOP, JACK
STREET ADDRESS 1501 ANN ST
CITY-ST-ZIP LAWRENCEBURG TN 38464

TITLE D ☒ Change ☐ Addition
NAME Daniels, Leon
STREET ADDRESS RR1 Box 40
CITY-ST-ZIP Mc Daniels, KY 40152

TITLE T ☐ Delete
NAME SHIVELY, MORRIS C
STREET ADDRESS PO BOX 311
CITY-ST-ZIP MOORE HAVEN FL

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

TITLE S ☒ Delete
NAME SPIRES, CALLIE
STREET ADDRESS P.O. BOX 311
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE ☒ Change ☐ Addition
NAME Guthrie, Bill
STREET ADDRESS R 3 Box 281
CITY-ST-ZIP MOORE HAVEN FL 33471

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)(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: *Morris Shively* SIGNATURE REQUIRED MORRIS C. SHIVELY

2-22-2000

Date

863-846-0722

Daytime Phone #

CR2E037 (9/99)