

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002934

1. Entity Name

LAUREL WOODS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

1608 ALEXANDER CR.  
SUN CITY CENTER FL 33573  
US

Mailing Address

P.O. BOX 5416  
SUN CITY CENTER

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

59-3236778

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

MCNIECE, MARLENE  
1608 ALEXANDER CROSSING WAY  
SUN CITY CENTER FL 33573

Street Address (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  
NAME SLAUGHTER, CAROL  
STREET ADDRESS 1603 ALEXANDER CROSSING WAY  
CITY-ST-ZIP SUN CITY CENTER FL 33573

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME KELLY, ELIZABETH  
STREET ADDRESS 2112 STERLING GLEN CT.  
CITY-ST-ZIP SUN CITY CENTER FL 33573

☒ Delete

TITLE SD  
NAME MACY, MADELINE  
STREET ADDRESS 2205 W. DELL WEBB  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

☐ Change ☒ Addition

TITLE TD  
NAME MCNIECE, MARLENE  
STREET ADDRESS 1608 ALEXANDER CROSS WAY  
CITY-ST-ZIP SUN CITY CENTER FL 33573

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD  
NAME PELTON, RONALD  
STREET ADDRESS 1704 TREMONT CT.  
CITY-ST-ZIP SUN CITY CENTER FL 33573

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV  
NAME RING, WILLIAM  
STREET ADDRESS 2129 STERLING GLEN  
CITY-ST-ZIP SUN CITY CENTER FL 33573

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VD  
NAME WILLIAM, RING  
STREET ADDRESS 1608 STERLING GLEN  
CITY-ST-ZIP SUN CITY CENTER FL 33573

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: MARLENE MCNIECE 3/15/00 813-633-8258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)