

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90128 037 ****61.25

DOCUMENT # N97000005443

1. Entity Name

WOODLAND ESTATES OWNERS ASSOCIATION, INC.

Principal Place of Business

**421 S PINE AVENUE
OCALA FL 34474**

Mailing Address

**421 S PINE AVENUE
OCALA FL 34474**

2. Principal Place of Business

1320 S. E. 25th Loop, #101

3. Mailing Address

P.O. Box 2495

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL 34478

4. FEI Number

59-3650511 **NOT APPLICABLE**

Applied For

☐ Not Applicable

Zip

Country

34471

USA

Zip

Country

34478

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEVEN Y. BRUMFIELD
1320 SE 25TH LOOP
STE 100
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name

Ken Kirkpatrick

Street Address (P.O. Box Number is Not Acceptable)

1320 S.E. 25th Loop

City

Ocala

FL

Zip Code

34471

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

Ken Kirkpatrick

Ken Kirkpatrick

2/22/01

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

TITLE **D** ☐ Delete
NAME **HICKS, DANIEL**
STREET ADDRESS **421 S PINE AVENUE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☒ Delete
NAME **SAUEY, DONALD P**
STREET ADDRESS **421 S PINE AVENUE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☒ Delete
NAME **SAUSEY, NORMAN D SR**
STREET ADDRESS **5960 SW 1ST LN**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/D** ☐ Change ☒ Addition
NAME **Cordelle, Steve**
STREET ADDRESS **P.O. Box 6660**
CITY-ST-ZIP **Ocala, FL 34478-6660**

TITLE **S/D** ☐ Change ☒ Addition
NAME **DeJohn, Robert**
STREET ADDRESS **2416 S.E. 23rd St.**
CITY-ST-ZIP **Ocala, FL 34471**

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

TITLE ☐ Change ☐ Addition
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:

Robert DeJohn

Robert DeJohn

2/21/01

352/369-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)