

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08675

1. Entity Name

COUNTRY HILLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 4172
PLANT CITY FL 33564-4172

Mailing Address

P.O. BOX 4172
PLANT CITY FL 33564-4172

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

59-2520273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORET, BARRY
4719 N DAWNMEADOW CT
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

Name: Beth Lawrence
Street Address (P.O. Box Number is Not Acceptable)
4601 S. Country Hills Ct.
City: Plant City, FL Zip Code: 33567

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: *Beth Lawrence*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-02

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: VPD
NAME: FORET, BARRY ☒ Delete
STREET ADDRESS: 4719 N. DAWNMEADOW CT.
CITY-ST-ZIP: PLANT CITY FL 33567

TITLE: PD
NAME: LAWRENCE, BETH ☐ Delete
STREET ADDRESS: 4601 S. COUNTRY HILL CT.
CITY-ST-ZIP: PLANT CITY FL 33567

TITLE: D
NAME: REED, KRISTINE ☐ Delete
STREET ADDRESS: 4732 BLOOM DR
CITY-ST-ZIP: PLANT CITY FL 33567

TITLE: ST
NAME: WYATT, MARIE ☒ Delete
STREET ADDRESS: 4611 HUNTS AVE
CITY-ST-ZIP: PLANT CITY FL 33567

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE: ☐ Change ☒ Addition
NAME: ST Angelina Hijazi
STREET ADDRESS: 4662 Copper Lane
CITY-ST-ZIP: Plant City, FL 33567

TITLE: ☐ Change ☒ Addition
NAME: Mr. Kelly Turley
STREET ADDRESS: 4658 Copper Lane
CITY-ST-ZIP: Plant City, FL 33567

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

Date

Daytime Phone #

CR2E037 (9/01)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91524 046 ****61.25



DO NOT WRITE IN THIS SPACE