

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90032 004 \*\*\*\*61.25

**DOCUMENT # 742175**

1. Entity Name

**KINGSLEY LAKE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

6110 KINGSLEY LAKE DR.  
 STARKE FL 32091-6712

Mailing Address

6110 KINGSLEY LAKE DR.  
 STARKE FL 32091-6712

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

**59-1860841**

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

**MURPHEE, W.E.**  
**3610 N.W. 29TH TERRACE**  
**GAINESVILLE FL 32605**

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: **VP**  Delete  
 NAME: **FOLSOM, EUGENE C.**  
 STREET ADDRESS: **4050 BONNIE LANE**  
 CITY-ST-ZIP: **STARKE FL**

TITLE: **PRES.**  Change  Addition  
 NAME: **TOWNSEND STRICKLAND**  
 STREET ADDRESS: **6250 KINGSLEY LAKE DR**  
 CITY-ST-ZIP: **STARKE FL 32091**

TITLE: **D**  Delete  
 NAME: **ANDURS, PAUL**  
 STREET ADDRESS: **6209 KINGSLEY LAKE DRIVE**  
 CITY-ST-ZIP: **STARKE FL 32091**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **T**  Delete  
 NAME: **ANDRUS, ANN**  
 STREET ADDRESS: **6209 KINGSLEY LAKE DR**  
 CITY-ST-ZIP: **STARKE FL 32091**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Delete  
 NAME: **HIPPS, JERRY**  
 STREET ADDRESS: **6177-1 KINGSLEY LAKE DRIVE**  
 CITY-ST-ZIP: **STARKE FL 32091**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **P**  Delete  
 NAME: **MURPHREE, W.E.**  
 STREET ADDRESS: **3610 N.W. 29TH TERRACE**  
 CITY-ST-ZIP: **GAINESVILLE FL**

TITLE:  Change  Addition  
 NAME: **D MURPHREE, W.E.**  
 STREET ADDRESS: **3610 N.W. 29TH TERRACE**  
 CITY-ST-ZIP: **GAINESVILLE, FL 32605**

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: *AN SIGNATURE FAQUILA, Treas.* **1/12/01 (904) 533-2863**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)