

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 742175**

1. Entity Name

KINGSLEY LAKE PROPERTY OWNERS ASSOCIATION, INC.**FILED****Jan 23, 2001 8:00 am**
Secretary of State

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FOLSOM, EUGENE C.
4050 BONNIE LANE
STARKE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES.
TOWNSEND STRICKLAND
6250 KINGSLEY LAKE DR
STARKE, FL 32091** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANDURS, PAUL
6209 KINGSLEY LAKE DRIVE
STARKE FL 32091** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ANDRUS, ANN
6209 KINGSLEY LAKE DR
STARKE FL 32091** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HIPPS, JERRY
6177-1 KINGSLEY LAKE DRIVE
STARKE FL 32091** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MURPHREE, W.E.
3610 N.W. 29TH TERRACE
GAINESVILLE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MURPHREE, W.E.
3610 N.W. 29TH TERRACE
GAINESVILLE, FL 32605** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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: **AN SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/01 (904) 533-2863

CR2E037 (10/00)