

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745731

1. Entity Name

LA JOLLA 200 HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

1901 SW 29 TERRACE
OCALA FL 34474
US

Mailing Address

1901 S.W. 29TH TERRACE
OCALA FL 34474-2994
US

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

59-1982300

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

WARNER, JODY

~~1711 SW 29TH TERR~~
~~OCALA FL 34474~~

Name

Jody Warner

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

8 Hemlock Circle Track

City

Ocala

FL

Zip Code

34472

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

Jody Warner

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/00

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 PD ☐ Delete
NAME FISHER, TOM
STREET ADDRESS 1809 SW 29TH TERR
CITY-ST-ZIP Ocala FL 34474

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

TITLE VD ☐ Delete
NAME RUNGE, JIM
STREET ADDRESS 1705 SW 29TH TERR
CITY-ST-ZIP Ocala FL 34474

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

TITLE D ☒ Delete
NAME WARNER, RAY
STREET ADDRESS 1711 SW 29TH TERR
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ Change ☒ Addition
NAME Board member
STREET ADDRESS Gordon Plant
CITY-ST-ZIP 1823 S.W. 29th Terrace
Ocala, FL 34474

TITLE TSD ☐ Delete
NAME WARNER, JODY
STREET ADDRESS ~~1711 SW 29TH TERR~~
CITY-ST-ZIP ~~OCALA FL 34474~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8 Hemlock Circle Track
CITY-ST-ZIP Ocala, FL 34472

TITLE D ☐ Delete
NAME SPOSATO, GENE
STREET ADDRESS 1902 SW 29TH TERRACE
CITY-ST-ZIP Ocala FL

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

TITLE D ☐ Delete
NAME BORDEN, KATHY
STREET ADDRESS 1717 SW 29TH TERR
CITY-ST-ZIP Ocala FL 34474

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

Date

352-687-2620

Daytime Phone #

CR2E037 (9/99)