

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2002 8:00 am  
Secretary of State

04-24-2002 90312 011 \*\*\*\*61.25

DOCUMENT # 748393

1. Entity Name

PHOENIX SUBDIVISION OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

502 N.W. 16TH AVENUE

502 N.W. 16TH AVENUE

1  
GAINESVILLE FL 32601

1  
GAINESVILLE FL 32601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1977190

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KABLER, PHILIP N

502 N.W. 16TH AVENUE STE 1  
GAINESVILLE FL 32601

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 D ☐ Delete  
NAME SMITH, CRAIG  
STREET ADDRESS 1905 PADDOCK DRIVE  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE T/D ☒ Change ☐ Addition  
NAME MILTON-CRAIG SMITH  
STREET ADDRESS 1905 PADDOCK DRIVE  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VD ☒ Delete  
NAME DOWST, ROGER  
STREET ADDRESS 429 N.W. 10TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE S/D ☐ Change ☒ Addition  
NAME TILIS JAMES CHURCHILL  
STREET ADDRESS 3130 S.W. 23RD TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE STD ☒ Delete  
NAME ROLLINS, AARON  
STREET ADDRESS 17027 N.W. 46TH AVENUE  
CITY-ST-ZIP NEWBERRY FL 32618

TITLE P/D ☐ Change ☒ Addition  
NAME RODNEY BLAKE III  
STREET ADDRESS 3130 S.W. 23RD TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE D ☒ Delete  
NAME BRYANT, JOSEPH  
STREET ADDRESS 2608 S.W. 31ST PLACE  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☐ Change ☒ Addition  
NAME DENNIS SMITH  
STREET ADDRESS 726 N.W. 8TH AVENUE  
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE D ☐ Delete  
NAME FISCHER, STEVEN  
STREET ADDRESS 5832 SILVER SANDS CIRCLE  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

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

TITLE D ☒ Delete  
NAME MONAHAN, GAIL  
STREET ADDRESS 240 S.W. 1ST AVE  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☐ Change ☒ Addition  
NAME JOHN HANSEN  
STREET ADDRESS 703 N.E. 1ST STREET  
CITY-ST-ZIP GAINESVILLE, FL 32601

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)