

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748653

1. Entity Name

HOOT OWL RIDGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

STAR ROUTE 3
P.O. BOX 586
SATSUMA FL 32189

HC 3 BOX 9055
SATSUMA FL 32189-9803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2756932

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

PENROD, BETTY
124 SUMMIT RD.
SR3 BOX 905
SATSUMA FL 32189

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

T
NAME PENROD, BETTY
STREET ADDRESS STAR RT 3 BOX 905
CITY-ST-ZIP SATSUMA FL 32189
SUMMIT ROAD

☐ Delete

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

T
NAME WARK, CHARALEEN E
STREET ADDRESS HC 3 BOX 908
CITY-ST-ZIP SATSUMA FL 32189

☐ Delete

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

S
NAME KIRBY, HELEN
STREET ADDRESS STAR RT 3 BOX 883 HICKORY NUT TRAIL
CITY-ST-ZIP SATSUMA FL 32189

☐ Delete

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

P
NAME EVERLY, GORDON
STREET ADDRESS STAR RT 3 BOX 888 HICKORY NUT TRAIL
CITY-ST-ZIP SATSUMA FL 32189

☐ Delete

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

VP
NAME CROTHERS, CAROL
STREET ADDRESS HC 3 BOX
CITY-ST-ZIP SATSUMA FL 32189

☐ Delete

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

T
NAME EVERLY, RODGER
STREET ADDRESS STAR 3 BOX 933
CITY-ST-ZIP SATSUMA FL 32189

☐ Delete

☐ Change ☐ Addition
TITLE
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:

Betty Penrod
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90053 015 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)