

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748653

1. Entity Name

HOOT OWL RIDGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

STAR ROUTE 3
P.O. BOX 588
SATSUMA FL 32189

Mailing Address

HC 3 BOX 9055
SATSUMA FL 32189

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2756932

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	T	<input type="checkbox"/> Delete
NAME	PENROD, BETTY	
STREET ADDRESS	SUMMIT RD	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARK, CHARALEEN E	
STREET ADDRESS	HC 3 BOX 908	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	S	<input type="checkbox"/> Delete
NAME	KIRBY, HELEN	
STREET ADDRESS	STAR RT 3 BOX 883 HICKORY NUT TRAIL	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	P	<input type="checkbox"/> Delete
NAME	EVERLY, GORDON	
STREET ADDRESS	STAR RT 3 BOX 888 HICKORY NUT TRAIL	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CROTHERS, CAROL	
STREET ADDRESS	HC 3 BOX	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EVERLY, RODGER	
STREET ADDRESS	STAR 3 BOX 933	
CITY-ST-ZIP	SATSUMA FL 32189	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruby Jackson	
STREET ADDRESS	200 High Ridge Road	
CITY-ST-ZIP	SATSUMA, FL. 32189	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Everly	
STREET ADDRESS	Hilltop Terrace	
CITY-ST-ZIP	SATSUMA, FL. 32189	

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 #

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-13-2001 90075 039 ****61.25

33402



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)