

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749061

1. Entity Name

FLYING LITTLE RIVER HOME OWNER'S ASSOCIATION, IN

Principal Place of Business

P.O. BOX 81
MCALPIN FL 32062
US

Mailing Address

P.O. BOX 81
MCALPIN FL 32062-0081
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

59-2542409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAUNT, ROBERT E
18472 73RD PLACE
MCALPIN FL 32062

7. Name and Address of New Registered Agent

Name Franklin L. Matthews

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

18663 75th Place

City McAlpin

FL

Zip Code 32062

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

Franklin L. Matthews
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NEWBEGIN, JAMES	
STREET ADDRESS	18053 75TH PLACE	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CARR, TRUMAN	
STREET ADDRESS	1224 IRVIN AVE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STURTEVANT, JAMES I	
STREET ADDRESS	18204 77TH PLACE	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASHLEY, PETE	
STREET ADDRESS	762 CALIFORNIA WOODS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTMAN, CAROL	
STREET ADDRESS	18433 73RD PLACE	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPILLER, MARION R	
STREET ADDRESS	18251 75TH PLACE	
CITY-ST-ZIP	MCALPIN FL 32062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, FRANKLIN	
STREET ADDRESS	18663 75TH PLACE	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOOMFIELD, ROBERT	
STREET ADDRESS	18408 73RD PLACE	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATTS, TED G.	
STREET ADDRESS	18424 77TH PLACE	
CITY-ST-ZIP	MCALPIN FL 32062	
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		

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:

Franklin Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 943-4852

CR2E037 (9/99)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90167 032 ****61.25



DO NOT WRITE IN THIS SPACE