

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90114 022 ****61.25

DOCUMENT # 754394

1. Entity Name

HAILE PLANTATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5330 S.W. 91ST TERRACE
 GAINESVILLE FL 32608**

**5330 S.W. 91ST TERRACE
 GAINESVILLE FL 32608-7124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2233496

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAIR, TRACY
 HAILE PLANTATION ASSOC. INC
 5330 SW 91ST TERR.
 GAINESVILLE FL 32608**

Name **Rick Medina**

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

5330 SW 91st Terrace

City

Gainesville,

FL

Zip Code **32608**

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

Rick Medina

3/24/00

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 **HALL, CRAIG**
 STREET ADDRESS **8850 SW 45TH BLVD**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **DT** Change Addition
 NAME **Joan Van Rinsvelt**
 STREET ADDRESS **9417 SW 53rd Lane**
 CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **VD** Delete
 NAME **ROSE, ROBERT F.**
 STREET ADDRESS **9512 SW 54TH ROAD**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **SD** Change Addition
 NAME **Cathy Minden**
 STREET ADDRESS **8430 SW 52nd Place**
 CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **TD** Delete
 NAME **DEVIESE, TAYLOR**
 STREET ADDRESS **8502 SW 52ND PLACE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **D** Change Addition
 NAME **Taylor Deviese**
 STREET ADDRESS **8502 SW 52nd Place**
 CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **PD** Delete
 NAME **TATE, ALVIN C.**
 STREET ADDRESS **5322 SW 97TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **QUIGLEY, JEFF**
 STREET ADDRESS **9623 SW 53RD PLACE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DOOLITTLE, KATHY**
 STREET ADDRESS **8820 SW 45TH BLVD**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **DV** Change Addition
 NAME **Kathy Doolittle**
 STREET ADDRESS **8820 SW 45th Blvd.**
 CITY-ST-ZIP **Gainesville, FL 32608**

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

5 April 2000

352/335-5994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #