

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755082

1. Entity Name

WOODLAWN LAKES SUBDIVISION ASSOCIATES, INC.

Principal Place of Business

POST OFFICE BOX 1084
POB 1084
PALMETTO FL 34221-1084

Mailing Address

POST OFFICE BOX 1084
POB 1084
PALMETTO FL 34221-1084

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

59-2072957

Applied For

Not Applicable

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

GREGORY, ANDY
8002 OAK DR.
PALMETTO FL 34221

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RANBEL, JACK 8207 WOODLAWN CIRCLE S PALMETTO FL 34221	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIGHLEY, IRMA 8002 WOODLAWN CIRCLE S PALMETTO FL 34221	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAUER, DOLORES 8106 LAKE DRIVE PALMETTO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAUER, ELMER 8106 LAKE DRIVE PALMETTO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIDNER, ANDREW 5101 WOODLAWN CIRCLE PALMETTO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGHLEY, ARCHIE 8002 WOODLAWN CIRCLE S PALMETTO FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VD DAVID HARTSHORN 5011 LEON DRIVE PALMETTO, FL 34221	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

ELMER F. SAUER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELMER F. SAUER

TREASURER 1/7/02 941-722-0250

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90031 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)