

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90002 030 ****61.25

DOCUMENT # 755237

1. Entity Name

TOWNHOMES OF BIGTREE ASSOCIATION, INC.

R

Principal Place of Business

Mailing Address

P O BOX 5642
 JACKSONVILLE FL 32247
 US

P O BOX 5642
 JACKSONVILLE FL 32247-5642
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2068347

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

ROLFE, LAWRENCE C. ATTY. AT LAW
720 BLACKSTONE BLDG.
JACKSONVILLE FL 32202

Name

MURRAY A. KAPLAN

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

10404 BIGTREE CIRCLE WEST

City

JACKSONVILLE

FL

Zip Code

32257

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

Murray A Kaplan

PRESIDENT

06/15/00

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	SD	<input type="checkbox"/> Delete
NAME	BENNETT, HOBSON	
STREET ADDRESS	10394 BIGTREE CIR W	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, DON	
STREET ADDRESS	10511 BIGTREE CIRCLE E	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, JO	
STREET ADDRESS	10383 BIGTREE CIR E	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOOS, SHIRLEY	
STREET ADDRESS	10484 BIGTREE CIR W	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KERR, JESSIE-LYNNE	
STREET ADDRESS	10449 BIGTREE CIRCLE E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAGG, PHIL	
STREET ADDRESS	10452 BIGTREE CIR W	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MECABE, BRUNHILDE W.	
STREET ADDRESS	10355 BIGTREE LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, MURRAY A.	
STREET ADDRESS	10404 BIGTREE CIRCLE WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
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. **MURRAY A. KAPLAN**

SIGNATURE:

Murray A Kaplan

PRESIDENT

06/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)