

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # 759511

1. Entity Name

LONG LAKE ACRES PROPERTY OWNERS' ASSOCIATION, IN

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

02-16-2000 90121 015 ****61.25

Principal Place of Business

104 NORTH MAIN STREET
SUITE 300
GAINESVILLE FL 32601

Mailing Address

104 NORTH MAIN STREET
SUITE 300
GAINESVILLE FL 32601-3347

2. Principal Place of Business

P.O. BOX 771

3. Mailing Address

P.O. BOX 771

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
KEYSTONE HEIGHTS FL.City & State
KEYSTONE HEIGHTS FL.4. FEI Number
NOT APPLICABLEApplied For
Not ApplicableZip
32656Country
USAZip
32656Country
USA5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPRINGSTEAD, WALLACE L
104 N MAIN STREET, SUITE 300
SUITE 300
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name
LINDA L. HARRISStreet Address (P.O. Box Number is Not Acceptable)
7536 CHARLOTTE ROADCity
KEYSTONE HEIGHTS

FL

Zip Code
32656

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 *Linda L. Harris*

LINDA L. HARRIS - PRESIDENT

2-14-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DV
NAME THOMPSON, C. FREDERICK
STREET ADDRESS 104 NORTH MAIN STREET
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ DeleteTITLE PD
NAME ROSKO, GEORGE
STREET ADDRESS 104 NORTH MAIN STREET
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ DeleteTITLE STD
NAME SPRINGSTEAD, WALLACE L
STREET ADDRESS 104 N MAIN STREET, SUITE 300
CITY-ST-ZIP GAINESVILLE FL ☒ DeleteTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P-D
NAME LINDA L. HARRIS
STREET ADDRESS 7536 CHARLOTTE ROAD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☒ Change ☐ AdditionTITLE VPD
NAME PATRICK M. STREIB
STREET ADDRESS 7536 Charlotte Rd.
CITY-ST-ZIP Keystone Hgts, Florida 32656 ☒ Change ☐ AdditionTITLE STD
NAME D'ETTA MORGAN
STREET ADDRESS 7559 CHARLOTTE ROAD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☒ Change ☐ AdditionTITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Linda L. Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

244-2000

Date

352 - 473-9568
352 - 473-9566

Daytime Phone #

CR2E037 (9/99)