

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759855

1. Entity Name

FOUR LAKES ASSOCIATION, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90021 006 ****61.25

Principal Place of Business

130 LITTLE ORANGE LAKE DR
P.O. BOX 145
HAWTHORNE FL 32640
US

Mailing Address

1 PO BOX 145
HAWTHORNE FL 32640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1967842

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

COUCH, MARGARET W
130 LITTLE ORANGE LAKE DR
HAWTHORNE FL 32640

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME D
STREET ADDRESS COUCH, LEON
CITY-ST-ZIP 3524 N W 51ST AVE
GAINESVILLE FL 32605

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Delores Boyles
CITY-ST-ZIP 208 Little Orange Lake Dr
Hawthorne, FL 32640

TITLE ☒ Delete
NAME D
STREET ADDRESS HOLLAND, SALLY
CITY-ST-ZIP RR 4 BOX 469
HAWTHORNE FL 32640

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS Nancy Davis
CITY-ST-ZIP 131 Little Orange Lake Drive
Hawthorne, FL 32640

TITLE ☐ Delete
NAME T
STREET ADDRESS COUCH, MARGARET W
CITY-ST-ZIP 130 LITTLE ORANGE LAKE DRIVE
HAWTHORNE FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Lillie Ford
CITY-ST-ZIP 112 Benjamin Dr
Hawthorne FL 32640

TITLE ☐ Delete
NAME D
STREET ADDRESS FORD, WILBUR
CITY-ST-ZIP 112 BENJAMIN DR
HAWTHORNE FL 32640

TITLE ☒ Change ☐ Addition
NAME V
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS HOFFNER, DAVID
CITY-ST-ZIP 117 JOHN ST
HAWTHORNE FL 32640

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Hoffner, David
CITY-ST-ZIP 114 John St
Hawthorne, FL 32640

TITLE ☐ Delete
NAME P
STREET ADDRESS MIKE BOYLES
CITY-ST-ZIP 206 LITTLE ORANGE LAKE DRIVE
HAWTHORNE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 118 Little Orange Lake Dr

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: Margaret W. Couch 7/7/00 352-981-5530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)