

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 760175**

1. Entity Name

FOREST GLEN CONDOMINIUMS, INC.

Principal Place of Business

U.S. HWY. 19 & S.R. 490
P.O. BOX 2993
HOMOSASSA SPRINGS FL 32647

Mailing Address

U.S. HWY. 19 & S.R. 490
P.O. BOX 2993
HOMOSASSA SPRINGS FL 32647

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34447

34447

4. FEI Number

59-2302063

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

REBEOR, DOUGLAS
FOREST GLEN CONDO UNIT 1B
HOMOSSASSA SPRGS FL 32629

7. Name and Address of New Registered Agent

Name

PROCTOR, DOUGLAS GRAHAM

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

FOREST GLEN CONDO #8079

City

HOMOSASSA SPRINGS

FL

Zip Code

3444

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 DOUGLAS GRAHAM PROCTOR

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

(NOTE: Registered Agent signature required when registering)

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TOMZ, RUDLOPH	
STREET ADDRESS	FOREST GLEN CONDO #8077	
CITY-ST-ZIP	HOMOSASSA SPRGS FL	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	LEWIS, CHRISTINE	
STREET ADDRESS	FOREST GLEN CON #1A	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PROCTOR, DOUGLAS GRAHAM	
STREET ADDRESS	FOREST GLEN CONDO #8079	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROCTOR, DOUGLAS GRAHAM	
STREET ADDRESS	FOREST GLEN CONDO #8079	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 3444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS W. REBEOR	
STREET ADDRESS	2649 N. FOREST RIDGE BLVD	
CITY-ST-ZIP	HERNANDOFL 34442	
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		

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:

DOUGLAS GRAHAM PROCTOR

4/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)