

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90058 001 \*\*\*\*61.25

**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 34447

Mailing Address

U.S. HWY. 19 & S.R. 490  
P.O. BOX 2993  
HOMOSASSA SPRINGS FL 34447

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 490**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**CRYSTAL RIVER FL**

4. FEI Number

**59-2302063**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34423**

**CITRUS, USA**

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

**PROCTOR, DOUGLAS GRAHAM**  
**FOREST GLEN CONDO**  
**# 8079**  
**HOMOSASSA SPRINGS FL 34447**

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 **SDT** ☒ Delete  
NAME **LEWIS, CHRISTINE**  
STREET ADDRESS **FOREST GLENCON #1A**  
CITY-ST-ZIP **HOMOSASSA SPRINGS FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **AKATHLEEN PROCTOR**  
STREET ADDRESS **FOREST GLEN CONDO # 8079**  
CITY-ST-ZIP **HOMOSASSA SPRINGS, FL 34446.**

TITLE **PD** ☐ Delete  
NAME **PROCTOR, DOUGLAS GRAHAM**  
STREET ADDRESS **FOREST GLEN CONDO #8079**  
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34446**

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

TITLE **D** ☐ Delete  
NAME **REBEOR, DOUGLAS W**  
STREET ADDRESS **2649 N FOREST RIDGE BLVD.**  
CITY-ST-ZIP **HERNANDO FL 34442**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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: **D G PROCTOR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/27/02**

CR2E037 (9/01)