

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90330 048 \*\*\*\*61.25

**DOCUMENT # 761206**

1. Entity Name

**PINE CREST SOUTH ASSOCIATION, INC.**

Principal Place of Business

**142**  
~~122~~ S.W. CRESCENT ST  
 LAKE CITY FL 32025

Mailing Address

**142**  
~~122~~ S.W. CRESCENT ST  
 LAKE CITY FL 32025

2. Principal Place of Business

**142 SW Crescent St**  
 Suite, Apt. #, etc.

3. Mailing Address

**142 SW Crescent St**  
 Suite, Apt. #, etc.

City & State

**Lake City, FL**

City & State

**Lake City, FL**

4. FEI Number

**59-2315137**

Applied For

Not Applicable

Zip

**32025**

Country

**USA**

Zip

**32025**

Country

**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

**COLLINS, MARGARET P**

~~24~~ S.W. CRESCENT ST → **142 S.W. Crescent St**  
 LAKE CITY FL 32025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Margaret P. Collins, Treasurer**

**7/17/02**

**After September 13, 2002,  
 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 NAME STREET ADDRESS CITY-ST-ZIP	DP MASO, SOL <del>102</del> S.W. CRESCENT ST. LAKE CITY FL 32025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOUCHTON, DORIS <del>118</del> S.W. CRESCENT ST LAKE CITY FL 32025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLINS, MARGARET P. <del>24</del> S.W. CRESCENT ST. LAKE CITY FL 32025-5850	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, MICHAEL 32 S.W. CRESCENT ST. LAKE CITY FL 32025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JOHN 30 S.W. CRESCENT ST. LAKE CITY FL 32025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>168 S.W. Crescent St.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>198 S.W. Crescent St.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>142 S.W. Crescent St.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Wanda Maso 168 S.W. Crescent St. Lake City, FL 32025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Helen R. Real 188 S.W. Crescent St. Lake City, FL 32025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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 P. Collins, Treasurer**

**7/17/02**

**386/758-4912**