

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009655

DOCUMENT # 761395

1. Entity Name

SAWBUCK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

11635 NW 1ST AVE  
GAINESVILLE FL 32607

Mailing Address

11635 NW 1ST AVE  
GAINESVILLE FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2925552

Applied For

Not Applicable

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

CURTIS, JOHN M  
11635 NW 1ST AVE  
GAINESVILLE FL 32607

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	PD	<input type="checkbox"/> Delete
NAME	CURTIS, JOHN M	
STREET ADDRESS	11635 NW 1ST AVE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CURTIS, GAIL W	
STREET ADDRESS	11635 NW 1ST AVE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARNES, GEORGE	
STREET ADDRESS	206 N.W. 117TH WAY	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, CHARLES	
STREET ADDRESS	111 N.W. 116TH WAY	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAZEN, DOUG	
STREET ADDRESS	11626 N.W. 2ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000005418420	
STREET ADDRESS	-05/01/02--01081--009	
CITY-ST-ZIP	*****70.00 *****70.00	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pavlic, Steve	
STREET ADDRESS	10827 N.W. 15th Place	
CITY-ST-ZIP	Gainesville, FL 32606	
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:

~~SIGNATURE REQUIRED~~

John M. Curtis  
President

4/10/02

352-332-0838

Date

Daytime Phone #

CR2E037 (9/01)

FILED

02 APR 16 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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