

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0010553

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CURTIS, JOHN M ☐ Delete
STREET ADDRESS 11635 NW 1ST AVE
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE TD
NAME CURTIS, GAIL W ☐ Delete
STREET ADDRESS 11635 NW 1ST AVE
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE SD
NAME PAVLIC, STEVE ☐ Delete
STREET ADDRESS 10827 N.W. 15TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D
NAME MARSHALL, CHARLES ☐ Delete
STREET ADDRESS 111 N.W. 116TH WAY
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D
NAME HAZEN, DOUG ☐ Delete
STREET ADDRESS 11626 N.W. 2ND AVENUE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100017084281
CITY-ST-ZIP 04/25/03--01026--019 **70.00

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: John M. Curtis
President

04/16/03

352-332-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)