

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763965

1. Entity Name

LAND OWNERS ASSOC. OF RIVER OAKS, INC.

Principal Place of Business

C/O DOUGLAS BALLARD
12635 ARBOR LANE S.W.
MOORE HAVEN FL 33471-9698

Mailing Address

C/O DOUGLAS BALLARD
12635 ARBOR LANE S.W.
MOORE HAVEN FL 33471-8374

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

NOT APPLICABLE

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

BALLARD, DOUGLAS
C/O DOUGLAS BALLARD
12635 ARBOR LANE S.W.
MOORE HAVEN FL 33471-9698

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 PS
NAME BALLARD, DOUGLAS
STREET ADDRESS 12635 ARBOR LANE S.W.
CITY-ST-ZIP MOORE HAVEN FL 33471-9698 ☐ Delete

TITLE DIRECTOR,
NAME CLYDE SANBORN
STREET ADDRESS 12640 ARBOR LANE S.W.
CITY-ST-ZIP MOORE HAVEN FL 33471 ☐ Change ☒ Addition

TITLE V
NAME JOHNSON, DEAN
STREET ADDRESS 12545 ARBOR LANE S.W.
CITY-ST-ZIP MOORE HAVEN FL 33471-9698 ☐ Delete

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

TITLE D
NAME MILLER, CHARLES
STREET ADDRESS 49 RIVERVIEW DR, S.W.
CITY-ST-ZIP MOORE HAVEN FL 33471 ☐ Delete

TITLE DIRECTOR:
NAME HOWARD SMITH
STREET ADDRESS 37 RIVERVIEW DR, S.W.
CITY-ST-ZIP MOORE HAVEN, FL 33471 ☐ Change ☒ Addition

TITLE D
NAME EDENFIELD, BARBARA
STREET ADDRESS 88 CANOPY LANE S.W.
CITY-ST-ZIP MOORE HAVEN FL 33471 ☒ Delete

TITLE DIRECTOR:
NAME DALE CONYERS
STREET ADDRESS 12545 AQUA LANE S.W.
CITY-ST-ZIP MOORE HAVEN, FL 33471 ☐ Change ☒ Addition

TITLE ST
NAME MILLER, TAMMIE
STREET ADDRESS 12695 SHADY LANE S.W.
CITY-ST-ZIP MOORE HAVEN FL 33471-9698 ☐ Delete

TITLE ASSISTANT SEC./TREASR.
NAME KAY SANBORN
STREET ADDRESS 12640 ARBOR LANE S.W.
CITY-ST-ZIP MOORE HAVEN, FL 33471 ☐ Change ☒ Addition

TITLE D
NAME BESSLER, MARVIN
STREET ADDRESS 3275 RIVERVIEW DR.
CITY-ST-ZIP MOORE HAVEN FL 33471-9698 ☒ Delete

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

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 BALLARD
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/2000 (863) 675-1830



DO NOT WRITE IN THIS SPACE

CR20EN27 (0/000)