

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90044 028 ****69.00

DOCUMENT # 763965

1. Entity Name

LAND OWNERS ASSOC. OF RIVER OAKS, INC.

Principal Place of Business

Mailing Address

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

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

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

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

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

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

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

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

TITLE **D** ☐ Delete
 NAME **SMITH, HOWARD**
 STREET ADDRESS **37 RIVERVIEW DRIVE S.W.**
 CITY-ST-ZIP **MOORE HAVEN FL 33471**

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

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

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

TITLE **D** ☐ Delete
 NAME **SANBORN, CLYDE**
 STREET ADDRESS **12640 ARBOR LANE SW**
 CITY-ST-ZIP **MOORE HAVEN FL 33471-9698**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 6 - 2001 (863) 675-1830
 Date Daytime Phone #

CR2E037 (10/00)