

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763965

1. Entity Name

LAND OWNERS ASSOC. OF RIVER OAKS, INC.

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90665 042 \*\*\*\*70.00

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

*Douglas Ballard*  
 Signature, typed or printed name of registered agent and title if applicable.

DOUGLAS BALLARD

(NOTE: Registered Agent signature required when reinstating)

*4/22/2002*  
 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 **SECT, TREASER/DIRECTOR** ☒ Change ☐ Addition  
 NAME **DALE CONYERS**  
 STREET ADDRESS **12545 aqua lane s.w.**  
 CITY-ST-ZIP **MOORE HAVEN, FL 33471** **STD**

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **SECRETARY/TREASURER** ☒ Change ☒ Addition  
 NAME **KAY SANBORN**  
 STREET ADDRESS **12540 ARBOR LANE S.W.**  
 CITY-ST-ZIP **MOORE HAVEN, FL 33471** **ST**

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

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

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

*Douglas Ballard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS BALLARD

*4/22/2002 (863) 675-1830*

Date

Daytime Phone #

CR2E037 (9/01)