

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764319

1. Entity Name

WOODMERE HOMEOWNERS AND CIVIC ASSOCIATION, INCOR

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90111 017 ****61.25

| | |
|--|---|
| Principal Place of Business PO BOX 8581 JACKSONVILLE FL 32211 US | Mailing Address PO BOX 8581 JACKSONVILLE FL 32239-0581 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 51-0188803 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

SPEES, GREGORY
3918 GUMWOOD DR W
JACKSONVILLE FL 32277

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.

SIGNATURE *Gregory D. Spees*
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

| | |
|--|---------------------------------|
| TITLE SD | <input type="checkbox"/> Delete |
| NAME CHEATHAM, JOHN | |
| STREET ADDRESS 6112 ROUND LAKE, S. | |
| CITY-ST-ZIP JACKSONVILLE FL 32277 | |
| TITLE TD | <input type="checkbox"/> Delete |
| NAME HARPER, JERRY | |
| STREET ADDRESS 4075 BRIARFOREST RD E | |
| CITY-ST-ZIP JACKSONVILLE FL 32277 | |
| TITLE DV | <input type="checkbox"/> Delete |
| NAME CHEATHAM, BEVERLY | |
| STREET ADDRESS 6112 ROUND LAKE, S | |
| CITY-ST-ZIP JACKSONVILLE FL 32277 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| 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 | |
| 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: *Gregory D. Spees* **SIGNATURE REQUIRED** 04-27-00 243-5792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)