

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769884

1. Entity Name

SEVENTH JUNGLE DEN VILLAS ASSOCIATION, INC.

Principal Place of Business

1640 JUNO TRAIL
ASTOR FL 32102-4940

Mailing Address

1640 JUNO TRAIL
ASTOR FL 32102-7940

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, NORD L.
233 EAST RICH AVENUE
DELAND FL 32724

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D LAURANCE, J. P 1640 JUNO TRAIL ASTOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPIVEY, JAMES W. 1640 JUNO TRAIL ASTOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNS, BETTY J. 1640 JUNO TR., 204F ASTOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUDWIG, CANDY 1640 JUNO TRAIL ASTOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POUND, ROBERT 1640 JUNO TR-204H ASTOR FL 32102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Betty J. Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/00

Daytime Phone #

904-749-2727



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)