

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91764 036 \*\*\*\*61.25

**DOCUMENT # N00000003476**

1. Entity Name

**CONCERNED HOMEOWNERS IN PARTNERSHIP, INC.**

Principal Place of Business

Mailing Address

**10006 SW 62 CIRLCE  
 OCALA FL 34476**

**P. O. BOX 76142  
 OCALA FL 34481**

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

**59-3651712**

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

**GOODIS, BARBARA  
 10006 SW 62 CIRCLE  
 OCALA FL 34476**

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 **PD** ☐ Delete  
 NAME **CATLEDGE, MORRIS B**  
 STREET ADDRESS **10151 SW 62 TERRACE ROAD**  
 CITY-ST-ZIP **OCALA FL 34476**

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

TITLE **VPD** ☐ Delete  
 NAME **VAIL-FISCHER, FANNY**  
 STREET ADDRESS **10074 SW 62 COURT**  
 CITY-ST-ZIP **OCALA FL 34476**

TITLE **VAIL, FANNY VPD** ☒ Change ☐ Addition  
 NAME **10470 SW 98 AVENUE**  
 STREET ADDRESS **OCALA, FL 34481**  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☒ Delete  
 NAME **STODDARD, LUCILLE**  
 STREET ADDRESS **10036 SW 62 CIRCLE**  
 CITY-ST-ZIP **OCALA FL 34476**

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

TITLE **TD** ☐ Delete  
 NAME **GOODIS, BARBARA**  
 STREET ADDRESS **10006 SW 62 CIRLCE**  
 CITY-ST-ZIP **OCALA FL 34476**

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

TITLE **D** ☐ Delete  
 NAME **GERBER, CHANNING**  
 STREET ADDRESS **10471 SW 62 COURT**  
 CITY-ST-ZIP **OCALA FL 34476**

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

TITLE **D** ☒ Delete  
 NAME **ANDERSON, PAT**  
 STREET ADDRESS **5010 NE 7 PLACE**  
 CITY-ST-ZIP **OCALA FL 34470**

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:**

**SIGNATURE** *Barbara Goodis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/02**

Date

**352-854-7368**

Daytime Phone #

CR2E037 (9/01)