

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000004334

1. Entity Name

GREYSTONE MANORS PROPERTY OWNERS ASSOCIATION, IN

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90002 005 \*\*\*\*61.25

0000866

Principal Place of Business Mailing Address  
16453 SE 49 ST RD 16453 SE 49 ST RD  
OCKLAWAHA FL 32179 OCKLAWAHA FL 32179

2. Principal Place of Business 3. Mailing Address

16453 SE 49<sup>th</sup> ST. RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
OCKLAWAHA FL

City &amp; State

Zip 32179 Country Marion

Zip Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MORRISON, CHRISTOPHER A  
16453 SE 49 ST RD  
OCKLAWAHA FL 32179

7. Name and Address of New Registered Agent

Name Same

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  
After September 12, 2001, min. will be \$236.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DAVIDSON, BRUCE	
STREET ADDRESS	9853 SUNBURY RD	
CITY-ST-ZIP	WESTERVILLE OH 43082	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	FLEMMING, SANDRA	
STREET ADDRESS	9853 SUNBURY RD	
CITY-ST-ZIP	WESTERVILLE OH 43087	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, CHRISTOPHER A	
STREET ADDRESS	16453 SE 49 ST RD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
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	
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:

SIGNATURE REQUIRED Director

4/20/01 (352)  
875-3375

CR2E037 (5/01)