

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005924

1. Entity Name

THUNDERBIRD HILL EAST HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

3600 BLUEBERRY LANE
SEBRING FL 33872

3600 BLUEBERRY LANE
SEBRING FL 33872

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

65-1048845

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

KETTERING, RICHARD
3600 BLUEBERRY LANE
SEBRING FL 33872

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	DT	<input type="checkbox"/> Delete
NAME	KETTERING, RICHARD	
STREET ADDRESS	3600 BLUEBERRY LANE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FARIS, JUNE	
STREET ADDRESS	3601 BLUEBERRY LANE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FARIS, THURSTON	
STREET ADDRESS	3601 BLUEBERRY LANE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAY, ROBERT	
STREET ADDRESS	3511 BLUEBERRY LANE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JOSEPH	
STREET ADDRESS	3503 BLUEBERRY LANE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, LESLIE	
STREET ADDRESS	3613 BLUEBERRY LANE	
CITY-ST-ZIP	SEBRING FL 33872	

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	
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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: *Richard Kettering* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/01 (863) 385-3588

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90097 005 ****61.25

00022096



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)