

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001974

1. Entity Name

UTOPIA HOMEOWNERS ASSOCIATION, INC.

01-30-2002 90100 012 ***61.25

08-04-2002 90177 001 ***122.50

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG -8 PM 4:01

Principal Place of Business

Mailing Address

~~2500 NW 19TH WAY
GAINESVILLE FL 32605~~

~~2500 NW 19TH WAY
GAINESVILLE FL 32605~~

1410 n.w. 21st Ave
Gainesville FL 32606

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

21-0015054

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

SAIER, FRANK P
3426-B NW 43RD STREET
GAINESVILLE FL 32605

tom tonnelier
1410 n.w. 21st Ave
32606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 D
NAME TONNELIER, THOMAS H
STREET ADDRESS 2500 NW 19TH WAY
CITY-ST-ZIP GAINESVILLE FL 32605
1410 n.w. 21 Street
Gainesville 32606

☐ Delete

TITLE D
NAME TONNELIER, NANCY B
STREET ADDRESS 2500 NW 19TH WAY
CITY-ST-ZIP GAINESVILLE FL 32605

☐ Delete

TITLE D
NAME SAIER, FRANK P
STREET ADDRESS 3426-B NW 43RD ST
CITY-ST-ZIP GAINESVILLE FL 32606

☐ Delete

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CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)