

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N02791**

1. Entity Name

**BUCKHORN CREEK WOODS HOME OWNERS ASSOCIATION, IN**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90008 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

BOX 536  
 SOPCHOPPY FL 32358-0536

BOX 536  
 SOPCHOPPY FL 32358-0536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3098845**

Applied For

Not Applicable

Zip

32358

Country

FL

Zip

32358

Country

FL

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

**LANGSTON, PATRICK**  
**US 319 SOUTH**  
**CRAWFORDVILLE FL**

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**

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  Delete  
 NAME **VD TEUTON, EDWARD M**  
 STREET ADDRESS **383 BUCKHORN CK RD**  
 CITY-ST-ZIP **SOPCHOPPY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD BURRELL, NELLUMS**  
 STREET ADDRESS **P.O. BOX 498-349 BRICKHORN CK RD.**  
 CITY-ST-ZIP **SOPCHOPPY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TSD PATTERSON, JUIH K**  
 STREET ADDRESS **P.O. BOX 400-383 BUCKHORN CK RD.**  
 CITY-ST-ZIP **SOPCHOPPY FL**

TITLE  Change  Addition  
 NAME *Hilda MARLAR*  
 STREET ADDRESS *361 Buckhorn Cr. Rd*  
 CITY-ST-ZIP *Sopchoppy, FL 32358*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Hilda MARLAR*

Date

*1/30/2000*

Daytime Phone #

*850 962-1407*

CR2E037 (9/99)