

2001 UNIFORM BUSINESS REPORT (UBR)

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

08-15-2001 90007 032 ***550.00

DOCUMENT # N03000009922

1. Entity Name

PIONEER TRAILS I, II & III PROPERTY OWNERS' ASSO

Principal Place of Business

914 S. FLORIDA AVE., STE. 209
 LAKELAND FL 33803

Mailing Address

914 S. FLORIDA AVE., STE. 209
 LAKELAND FL 33803

2. Principal Place of Business

908 S. FLORIDA AVE

Suite, Apt. #, etc.

- 106

City & State

Zip

Country

3. Mailing Address

908 S. FLORIDA AVE

Suite, Apt. #, etc.

- 106

City & State

Zip

Country

4. FEI Number

58-2454495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARPER, ROBERT F IV

914 S. FLORIDA AVE., STE. 209

LAKELAND FL 33803

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME DP
 HARPER, ROBERT F IV
 STREET ADDRESS P.O. BOX 2784
 CITY-ST-ZIP LAKELAND FL 33806-2784

TITLE ☒ Delete

NAME DST
 JONES, GUERRY
 STREET ADDRESS P.O. BOX 2784
 CITY-ST-ZIP LAKELAND FL 33806-2784

TITLE ☐ Delete

NAME DV
 PETTERSON, JOHN
 STREET ADDRESS P.O. BOX 2784
 CITY-ST-ZIP LAKELAND FL 33806-2784

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME Sec./Treasure
 STREET ADDRESS Petterson, John
 CITY-ST-ZIP P.O. Box 2784
 Lakeland, FL 33806-2784

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE REQUIRED

7/9/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)