

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90007 029 ****61.25

DOCUMENT # N05849

1. Entity Name
LAS PAMPAS COMMUNITY ASSOCIATION, INC.

Principal Place of Business: **3418 NW 37TH AVE GAINESVILLE FL 32605**

Mailing Address: **3418 NW 37TH AVE GAINESVILLE FL 32605**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2634251** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SPIVEY, GERALD
3456 NW 37TH AVENUE
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent
 Name **ELEANOR GILYARD**
 Street Address (P.O. Box Number is Not Acceptable) **3472 NW 37 AVE**
 City **GAINESVILLE FL** Zip Code **32605**

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]* **President** DATE: **7/31/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SPIVEY, GERALD 3456 NW 37TH AVE GAINESVILLE FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELEANOR GILYARD 3472 NW 37 AVE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWRENCE, SHIRLEY 3468 NW 37TH AVE. GAINESVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORNWELL, LAUREN 3504 NW 37TH AVE GAINESVILLE FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHRISTINE SHEPPARD 3528 NW 37 AVE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SECONI, KYLE 3454 NW 37TH AVE GAINESVILLE FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **352-376-6565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)