## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

PED OF PRINTED NAME OF SIGN

SIGNATURE:

## FILED **DOCUMENT # N05867** Aug 24, 2000 8:00 am Secretary of State 1. Entity Name WOUNDED KNEE HOMEOWNERS' ASSOCIATION, INC. 08-24-2000 90001 039 \*\*\*\*61.25 Principal Place of Business Mailing Address %LOWELL CROWDER %LOWELL CROWDER 1679 CROWDER ROAD 1679 CROWDER ROAD TALLAHASSEE FL 32303-2349 TALLAHASSEE FL 32303-2349 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2350126 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'STEEN, J.C. Street Address (P.O. Box Number is Not Acceptable) O'STEEN, J.C. 177 SALEM COURT 2900 PARK AVENUE EAST, SUITE A TALLAHASSEE FL 32301 City Zip Code 32301 TALLAHASSEE 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees After September 13, 2000 min. will be \$236.25 Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **TD** 🔼 Addition TITLE Delete TITLE 🔲 Change Roy Kelly NAME KELLY, MARY E NAME STREET ADDRESS 1679 CROWDER ROAD STREET ADDRESS 1573 Crowder Road CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Tallahassee, Florida 32303 SD ☐ Defete Change ☐ Addition TITLE TITLE SD O'STEEN, J.C. NAME J. C. O'Steen STREET ADDRESS 177 SALEM COURT STREET ADDRESS 2900 Park Avenue East, Suite A CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 <u> Tallahassee, Florida 32301</u> ☐ Addition \_TITLE - Delete --TITLE Change -TD -CROWDER, WILLIE NAME NAME Mary E. Kelly STREET ADDRESS 1679 CROWDER ROAD STREET ADDRESS 1573 Crowder Road CITY-ST-ZIF TALLAHASSEE FL 32302 CITY-ST-ZIP Tallahassee, Florida 32303 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITI F TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF 12. I hereby certify that the information supplied with this filling 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

Daytime Phone #