

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08308

1. Entity Name

CARLYN ESTATES ASSOCIATION, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

04-25-2000 90031 008 ****61.25

Principal Place of Business

Mailing Address

5611 BAYSHORE RD # 22
PALMETTO FL 34221-9302

5611 BAYSHORE RD # 22
PALMETTO FL 34221-9226

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

59-2505091

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

HICKCOCK, ROBERT

5611 BAYSHORE RD # 50
PALMETTO FL 34221-9302

Name

TED MAUGER

Street Address (P.O. Box Number is Not Acceptable)

5611 BAYSHORE RD # 123

City

PALMETTO, FL

FL

Zip Code
34221

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

Ted Manger, President

7/10/2000

Signature, typed or printed name of registered agent and state 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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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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:

ADA NELSON

3-13-00

941-729-2774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)