2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10052

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90329 024 ****61.25

1. Entity Name

SPANISH TRACE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 2296 CHIEFLND FL 32626-9296	P O BOX 2296 CHIEFLAND FL 32644-2296

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ 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
JAMES R. DEGREGORY 7930 N.W. 45TH TERRACE CHIEFLND FL 32626	Name: Scott Tummond Street Address (P.O. Box Number is Not Acceptable): 5050 N.W. 73rd St. City: Chiefland **FL** Zip Code: 32626

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 Scott Tummond, Pres. — April 25, 2000

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES R. DEGREGORY 7930 N.W. 45TH TERRACE CHIEFLND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Scott Tummond 5050 N.W. 73rd St. Chiefland FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVIS, GWENDOLYN 7450 NW 45 TERR CHIEFLND FL 32626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Tim Davis 7751 N.W. 46th Terrace Chiefland FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARCUM, SUZANNE S. 4751 NW 76 LN CHIEFLND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Catherine Drake 7790 N.W. 48th Terrace Chiefland FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEABROOK, MARK 4502 PICCADILLY ST TAMPA FL 33634	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James R. DeGregory 7930 N.W. 45th Terrace Chiefland FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, TIM PO BOX 877 CHIEFLND FL 32644	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Thomas Frank 3317 Monika Circle Orlando, FL 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED — SCOTT TUMMOND — 4-25-00 — (352) 486-5111

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