## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N12199 Feb 23, 2000 8:00 am **Secretary of State** CLAY HILL AREA OWNERS ASSOCIATION, INC. 02-23-2000 90028 008 \*\*\*\*70.00 Principal Place of Business Mailing Address P.O. BOX 1472 P.O. BOX 1472 MIDDLEBURG FL 32050-1472 MIDDLEBURG FL 32050-1472 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2884302 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STUART J. CASTO Street Address (P.O. Box Number is Not Acceptable) KELLER, NORMAN L 15<u>07 Bluejay Drive</u> 1701 BLUEJAY DRIVE MIDDLEBURG FL 32068 City 32068 Middleburg 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. STUART J. CASTO, Secretary & Director SIGNATURE ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE KELLER, NORMAN L NAME NAME 1701 BLUEJAY DRIVE STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete ☐ Change DEESE, JAMES A. J NAME 4990 WINDMILL COURT STREET ADDRESS STREET ADDRESS MIDDLEBURG FL CITY-ST-ZIP CITY-ST-ZIP ~-En' - 12- --TITLE ☑ Delete TITLE 👂, D Change X Addition LANE, LORRIE NAME CASTO, STUART J. 1733 BLUEJAY DRIVE STREET ADDRESS STREET ADDRESS 1507 Bluejay Drive MIDDLEBURG L 32068 CITY-ST-ZIP CITY-ST-ZIP Middleburg, FL 32068 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

(904) 282-9844

Date

**CR2E037**