

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N19069**

1. Entity Name

FERRELL FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**266 FOREST RD.
HAVANA FL 32333**

Mailing Address

**266 FOREST RD.
HAVANA FL 32333**

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

59-3031809

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GRANT, JENNIFER F
266 FOREST RD.
HAVANA FL 32333**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

Jennifer Grant DST

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/02**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

TITLE	DP	☐ Delete
NAME	WARNER, RONALD	
STREET ADDRESS	191 FOREST RD	
CITY-ST-ZIP	HAVANA FL 32333	

TITLE	DV	☐ Delete
NAME	BRIDGES, MICHELLE	
STREET ADDRESS	421 FOREST RD	
CITY-ST-ZIP	HAVANA FL 32333	

TITLE	DST	☐ Delete
NAME	GRANT, JENNIFER	
STREET ADDRESS	266 FOREST RD	
CITY-ST-ZIP	HAVANA FL 32333	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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:

Ronald Warner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

575-7345

Daytime Phone #

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90081 030 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)