2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State
01-18-2001 90026 015 ****61.25

DOCUMENT # N19575

1. Entity Name

THE QUAIL RIDGE FARMS HOMEOWNERS ASSOCIATION, IN

Principal Place of Business	Mailing Address
6015 MORROW ST. E. SUITE 211 JACKSONVILLE FL 32217	6015 MORROW ST. E. SUITE 211 JACKSONVILLE FL 32217

A0006436

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6015 Morrow St. E.	6015 Morrow St. E.
Suite, Apt. #, etc.: Suite 107	Suite, Apt. #, etc.: Suite 107
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32217 Country: U.S.	Zip: 32217 Country: U.S

4. FEI Number 59-2794519 ☐ 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
BANNING, TERENCE K. 6015 MORROW ST., E. SUITE 211 JACKSONVILLE FL 32217	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D JOHNSON, CHARLES R. 10620 QUAIL RIDGE DR ST AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Johnson, Charles R. 10620 Quail Ridge Dr St. Augustine, FL 32095	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MC CALL, MYRON 10664 QUAIL RIDGE DR SAINT AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOWLING, RAY 10629 QUAIL RIDGE DR ST. AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COLE, JACQUELINE 10653 QUAIL RIDGE DR ST. AUGUSTINE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUCHANAN, CRAIG 10628 QUAIL RIDGE DR SAINT AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 Terence K. Banning 1-9-01 (904) 730-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #