

2002 UNIFORM BUSINESS REPORT (UBR)

0006889

DOCUMENT # N20406

1. Entity Name

SAWBUCK II HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

C/O JOHN M. CURTIS
11635 N.W. 1ST AVENUE
GAINESVILLE FL 32607

Mailing Address

C/O JOHN M. CURTIS
11635 N.W. 1ST AVENUE
GAINESVILLE FL 32607

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

59-2925145

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

CURTIS, JOHN M.
11635 N.W. 1ST AVENUE
GAINESVILLE FL 32607

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.

(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	PTD CURTIS, JOHN M. 11635 N.W. 1ST AVENUE GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURTIS, GAIL W. 11635 N.W. 1ST AVENUE GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOSKES, PATRICIA 202 NW 114TH WAY GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BK	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600005418426--6 -05/01/02--01081--010 *****70.00 *****70.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

John M. Curtis

President

4/10/02

352-332-0838

Date

Daytime Phone #

CR2E037 (9/01)