

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 23680**

1. Entity Name

LOT 83, BLOCK 275, UNIT 13 HOMEOWNERS ASSOCIATI

Principal Place of Business

**4101 SUN'N LAKES BLVD.
SEBRING, FL. 33872-2131**

Mailing Address

**6432 MATANZAS DR.
SEBRING, FL. 33872-2384
US**

2. Principal Place of Business

3. Mailing Address

6432 MATANZAS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEBRING, FL. 33872

4. FEI Number

59-2900169

Applied For

Not Applicable

Zip

Country

Zip

Country

33872-2384

US

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

RAMSEY, CHARLOTTE S

6434 MATANZAS DR.

SEBRING, FL. 33872

Name

HAROLD BOWLUS

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

6432 MATANZAS DR.

City

SEBRING

FL

Zip Code

33872

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

Harold Bowlus

3/6/2001

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 **PD** ☐ Delete
NAME **BOWLUS, HAROLD**
STREET ADDRESS **6432 MATANZAS DR**
CITY-ST-ZIP **SEBRING, FL. 33872**

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

TITLE **VD** ☒ Delete
NAME **RAMSEY, CHARLOTTE**
STREET ADDRESS **6434 MATANZAS DR**
CITY-ST-ZIP **SEBRING, FL. 33872**

TITLE **VD** ☒ Change ☐ Addition
NAME **DIOTTE, RICHARD**
STREET ADDRESS **6436 MATANZAS DR.**
CITY-ST-ZIP **SEBRING, FL. 33872**

TITLE **STD** ☐ Delete
NAME **BOWLUS, ROSEMARY**
STREET ADDRESS **6432 MATANZAS DR.**
CITY-ST-ZIP **SEBRING, FL. 33872**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Harold Bowlus HAROLD BOWLUS

Date

3/6/2001

Daytime Phone #

1-863-3382-3849

CR2E037 (11/00)