

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25264

1. Entity Name

GIL CREST FARM OWNERS ASSOCIATION, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90072 044 ****61.25

Principal Place of Business

Mailing Address

GILCREST TRAINING CENTER
1979 SW 15 WAY
BELL FL 32619
US

GILCREST TRAINING CENTER
1979 SW 15 WAY
BELL FL 32619-1424
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2359585

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHALK, ELISE
1979 SW 15TH WAY
BELL FL 32619

Name

SAME

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 SCHALK ELISE Elise Schalk

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-2000

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	P	<input checked="" type="checkbox"/> Delete
NAME	SCHALK, CLARENCE	
STREET ADDRESS	1979 SW 15 WAY	
CITY-ST-ZIP	BELL FL 32619	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LACASSE, ROBERT	
STREET ADDRESS	2150 SW 17TH TER	
CITY-ST-ZIP	BELL FL 32619	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHALK, ELISE	
STREET ADDRESS	1759 SW 15TH WAY	
CITY-ST-ZIP	BELL FL 32619	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MULLINS, LINDA	
STREET ADDRESS	1699 SW 17 TERR	
CITY-ST-ZIP	BELL FL 32619	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUDLEY, THOMAS	
STREET ADDRESS	1869 SW 22ND PL	
CITY-ST-ZIP	BELL FL 32619	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARP, WARREN	
STREET ADDRESS	1970 SW 15TH WAY	
CITY-ST-ZIP	BELL FL 32619	

TITLE	P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDLEY THOMAS	
STREET ADDRESS	1869 SW 22ND PL.	
CITY-ST-ZIP	BELL FL 32619	
TITLE	V-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYLOR MELVYN	
STREET ADDRESS	2100 SW 15 WAY	
CITY-ST-ZIP	BELL FL 32619	
TITLE	S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDLEY MARYANN	
STREET ADDRESS	1869 SW 22ND PL.	
CITY-ST-ZIP	BELL FL 32619	
TITLE	T-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHALK, ELISE	
STREET ADDRESS	1979 SW 15 WAY	
CITY-ST-ZIP	BELL FL 32619	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARP WARREN	
STREET ADDRESS	1970 SW 15 WAY	
CITY-ST-ZIP	BELL FL 32619	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTERS WILLIAM	
STREET ADDRESS	2010 SW 17TH TER.	
CITY-ST-ZIP	BELL FL 32619	

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: ELISE SCHALK Elise Schalk 1-28-2000 (352) 463-7067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)