

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37173

1. Entity Name

GLENLAKES HOMEOWNERS ASSOCIATION - ESTATE SECTIO

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90082 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9780 SOUTHERN BELLE DR  
BROOKSVILLE FL 34613

9780 SOUTHERN BELLE DR  
BROOKSVILLE FL 34613-4281

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3229648

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

O'BRIEN, CHARLES  
9780 SOUTHERN BELLE DR  
BROOKSVILLE FL 34613

Name  
CONKLIN, FRANKLIN R.

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

9780 SOUTHERN BELLE DR

City  
BROOKSVILLE

FL

Zip Code  
34613

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.

Franklin R. Conklin, President

SIGNATURE

*Franklin R. Conklin*

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 O'BRIEN, CHARLES  
STREET ADDRESS 9780 SOUTHERN BELLE DR  
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE PD ☐ Change ☒ Addition  
NAME CONKLIN, FRANKLIN R.  
STREET ADDRESS 9780 SOUTHERN BELLE DR.  
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE TD ☒ Delete  
NAME WISDOM, ROBERT  
STREET ADDRESS 9780 SOUTHERN BELLE DR  
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE TD ☐ Change ☒ Addition  
NAME TANSEY, GENE A.  
STREET ADDRESS 9780 SOUTHERN BELLE DR.  
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE SD ☐ Delete  
NAME GILBREATH, EDDIE W  
STREET ADDRESS 9780 SOUTHERN BELLE DR  
CITY-ST-ZIP BROOKSVILLE FL 34613

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

TITLE D ☒ Delete  
NAME SAWYER, ROBERT  
STREET ADDRESS 9780 SOUTHERN BELLE DR  
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D ☐ Change ☒ Addition  
NAME ABLARD, GARY C.  
STREET ADDRESS 9780 SOUTHERN BELLE DR.  
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE D ☒ Delete  
NAME SPITTLE, DICK  
STREET ADDRESS 9780 SOUTHERN BELLE DR  
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D ☐ Change ☒ Addition  
NAME HENDRICKS, JOSEPH B.  
STREET ADDRESS 9780 SOUTHERN BELLE DR.  
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE ☐ Delete  
NAME  
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.

Franklin R. Conklin

SIGNATURE:

*Franklin R. Conklin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 596-6692

CR2E037 (9/99)