

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37173

1. Entity Name

GLENLAKES HOMEOWNERS ASSOCIATION - ESTATE SECTIO

Principal Place of Business

9780 SOUTHERN BELLE DR
BROOKSVILLE FL 34613

Mailing Address

9780 SOUTHERN BELLE DR
BROOKSVILLE FL 34613

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CONKLIN, FRANKLIN R
9780 SOUTHERN BELLE DR
BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent

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

TITLE PD
NAME CONKLIN, FRANKLIN R
STREET ADDRESS 9780 SOUTHERN BELLE DR
CITY-ST-ZIP BROOKSVILLE FL 34619 ☐ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE SD
NAME SPITTLE, DARLENE
STREET ADDRESS 9780 SOUTHERN BELLE DR
CITY-ST-ZIP BROOKSVILLE, FL. 34613 ☐ Change ☒ Addition

TITLE VD
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 an address, with all other duly empowered.

SIGNATURE:

FRANKLIN R CONKLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90347 029 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3229648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)

FEBRUARY 26, 2001

Date Daytime Phone #