

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40064

1. Entity Name

THE HAILE PLANTATION WEST ASSOCIATION, INC.

Principal Place of Business

5330 SW 91ST TERR.
GAINESVILLE F 32608
US

Mailing Address

5330 SW 91ST TERR.
GAINESVILLE FL 32608
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SALTER, JAMES D.
703 NE 1ST ST
GAINESVILLE FL 32608

4. FEI Number

59-3032668

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 NAME ☐ Delete
D KASKEL, MATTHEW
STREET ADDRESS 5300 SW 91 TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE NAME ☐ Delete
PD KRAMER, ROBERT B.
STREET ADDRESS 5300 SW 91 TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE NAME ☐ Delete
S JENKINS, JENNIFER
STREET ADDRESS 5300 SW 91 TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE NAME ☐ Delete
VD ROWE, ROBERT R.
STREET ADDRESS 5300 SW 91 TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE NAME ☐ Delete
T COOPER, CLEVELAND
STREET ADDRESS 5300 SW 91 TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME ☒ Change ☐ Addition
DVP
Kramer, Robert B.
STREET ADDRESS 5300 SW 91st Terrace
CITY-ST-ZIP Gainesville, FL 32608

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

TITLE NAME ☒ Change ☐ Addition
PD
Rowe, Robert R.
STREET ADDRESS 5300 SW 91st Terrace
CITY-ST-ZIP Gainesville, FL 32608

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

TITLE NAME ☐ Change ☐ Addition
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:

Robert R. Rowe REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90030 049 *****61.25

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DO NOT WRITE IN THIS SPACE

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