

2002 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

4. FEI Number

59-3032668

Applied For

Not Applicable

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

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

Name Medina, Rick

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

5330 SW 91st Terrace

City Gainesville

FL Zip Code 32608

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

Rick Medina

RICK MEDINA

4/9/02

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

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

TITLE DVP ☐ Delete
NAME KRAMER, ROBERT B.
STREET ADDRESS 5300 SW 91 TERR
CITY-ST-ZIP GAINESVILLE FL 32608

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

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

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

TITLE PD ☐ Delete
NAME ROWE, ROBERT R.
STREET ADDRESS 5300 SW 91 TERR
CITY-ST-ZIP GAINESVILLE FL 32608

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

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

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

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.

SIGNATURE:

Robert R. Rowe ROBERT R. ROWE

04/04/2002

352-335-7846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)