

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2000 8:00 am
Secretary of State

02-22-2000 90046 027 ****61.25

DOCUMENT # N40838

1. Entity Name

COLUMBIA COUNTY LANDLORD'S ASSOCIATION, INC.

Principal Place of Business

C/OKAY PROULX
RT 13 BOX 690
LAKE CITY FL 32055
US

Mailing Address

C/OKAY PROULX
RT 13 BOX 690
LAKE CITY FL 32055-9020
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 59-2891179

Applied For
Not Applicable5. 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

PROULX, KAY D
RT 13 BOX 690
LAKE CITY FL 32055

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

Kay D. Proulx

Sec/Treas

2-5-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	WILLIAM, MEYNA	<input checked="" type="checkbox"/> Delete
NAME	700 OAK AVE	
STREET ADDRESS	LAKE CITY FL 32025	
CITY-ST-ZIP		
TITLE	SANDERSON, KAREN	<input checked="" type="checkbox"/> Delete
NAME	RT 17 BOX 365	
STREET ADDRESS	LAKE CITY FL 32055	
CITY-ST-ZIP		
TITLE	PROULX, KAY D	<input type="checkbox"/> Delete
NAME	RT 13 BOX 690	
STREET ADDRESS	LAKE CITY FL 32055	
CITY-ST-ZIP		
TITLE	BARTHELMAS, CLAUDIA	<input checked="" type="checkbox"/> Delete
NAME	RT 10 BOX 495	
STREET ADDRESS	LAKE CITY FL	
CITY-ST-ZIP		
TITLE	SMITH, TINA	<input checked="" type="checkbox"/> Delete
NAME	RT 10 BOX 495	
STREET ADDRESS	LAKE CITY FL 32025	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MEYNA WILLIAMS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	700 Oak Avenue	
STREET ADDRESS	LAKE CITY FL 32025	
CITY-ST-ZIP		
TITLE	KAREN SANDERSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RT 17 Box 365	
STREET ADDRESS	LAKE CITY FL 32055	
CITY-ST-ZIP		
TITLE	PROULX, KAY D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RT 13 Box 690	
STREET ADDRESS	LAKE CITY FL 32055	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Sec/Treas 2-5-2000 904-758-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #