

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2000 8:00 am
Secretary of State

04-22-2000 90113 023 ****61.25

DOCUMENT # N41044

1. Entity Name

COUNTRYSIDE ACRES OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 204
 BRYCEVILLE FL 32009
 US

P O BOX 204
 BRYCEVILLE FL 32009-0204
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3062367**

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

BETTY BROWN
3048 OLD WIRE PL
BRYCEVILLE FL 32009

Name **Jo Ann McLeod**
 Street Address (P.O. Box Number is Not Acceptable) **Rt. 1, Box 3069**
Bryceville, Fl. 32009
 City **Bryceville, Fl. FL** Zip Code **32009**

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

Jo Ann McLeod

4/17/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	SHIRLEY MASON	
STREET ADDRESS	3099 PINEWIND DR	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	TO	<input type="checkbox"/> Delete
NAME	JOE MCCLEAN	
STREET ADDRESS	3105 PINEWIND DR	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BETTY BROWN	
STREET ADDRESS	3048 OLD WIRE PL	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnny Little	
STREET ADDRESS	Rt. 1, Box 3047	
CITY-ST-ZIP	Bryceville, Fl. 32009	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debbie Little	
STREET ADDRESS	Rt. 1, Box 3047	
CITY-ST-ZIP	Bryceville, Fl. 32009	
TITLE	Treasure	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jo Ann McLeod	
STREET ADDRESS	Rt. 1, Box 3069	
CITY-ST-ZIP	Bryceville, Fl. 32009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Jo Ann McLeod
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JO ANN MCLEOD

4/17/2000 904-739-2249
 Date Daytime Phone #

CR2E037 (9/99)