

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

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>PD <input type="checkbox"/> Delete SHIRLEY MASON 3099 PINEWIND DR BRYCEVILLE FL 32009</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Johnny Little Rt. 1, Box 3047 Bryceville, Fl. 32009</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>TO <input type="checkbox"/> Delete JOE MCCLEAN 3105 PINEWIND DR BRYCEVILLE FL 32009</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Debbie Little Rt. 1, Box 3047 Bryceville, Fl. 32009</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>SD <input type="checkbox"/> Delete BETTY BROWN 3048 OLD WIRE PL BRYCEVILLE FL 32009</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>Treasure <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jo Ann McLeod Rt. 1, Box 3069 Bryceville, Fl. 32009</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

CR2E037 (9/99)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JO ANN MCLEOD

Date

Daytime Phone #

4/17/2000 904-739-2249