

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41103

1. Entity Name

HOPEWELL FARMS PROPERTY OWNERS' ASSOCIATION, INC

**FILED**  
**Jun 28, 2000 8:00 am**  
**Secretary of State**

06-28-2000 90047 001 \*\*\*\*62.25  
06-28-2000 90047 002 \*\*\*\*62.25

Principal Place of Business

Mailing Address

C/O JIM CAMPBELL  
P.O. BOX 820  
MADISON FL 32341  
US

C/O JIM CAMPBELL  
P.O. BOX 820  
MADISON FL 32341-0820  
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

59-3041186

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

CAMPBELL, JAMES T  
640 MURIEL COURT  
TALLAHASSEE FL 32303

Name

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

640 Muriel Court  
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 (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	CAMPBELL, JAMES T	
STREET ADDRESS	640 MURIEL COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BETHEA, JOHN	
STREET ADDRESS	P.O. BOX 1042 N/A	
CITY-ST-ZIP	MADISON FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BERG, ALAN N	
STREET ADDRESS	878 TIMBERLAND TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 6/28/00 DAYTIME PHONE # 905-35-0003

CR2E037 (9/99)