2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90003 039 ****61.25

DOCUMENT # N42850

1. Entity Name

STEINHATCHEE LANDING OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BOX 789 STEINHATCHEE FL 32359	BOX 789 STEINHATCHEE FL 32359-0789

DO NOT WRITE IN THIS SPACE

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 59-3111109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER, R. DEAN
1604 3RD AVE
STEINHATCHEE FL 32359

7. Name and Address of New Registered Agent

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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOWLER, R. DEAN 1604 3RD AVE STEINHATCHEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) LEN MOORE 1327 BESSENT ROAD STARKE FL 32091 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOWLER, LORETTA 1604 3RD AVE STEINHATCHEE FL 32359	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) HARRY DALE 2420 MADISON DR VALDOSTA, GA 31794 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAPMAN, SHARON P.O. BOX 789 HIGHWAY 51 NORTH (NA) STEINHATCHEE FL 32359	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) PAT MILES 4937 WATERVISTA DR ORLANDO, FL 32821 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) STEVE PLYMEL 2212 S. SHERWOOD DR. VALDOSTA, GA 31602 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GENE CHAPMAN P.O. Box 789 STEINHATCHEE, FL. 32359 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: R. Dean Fowler R. DEAN FOWLER 3-15-00 352 498-7046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #