

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43864

1. Entity Name

AMBERGLEN PROPERTY OWNERS' ASSOCIATION, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90011 018 ****61.25

Principal Place of Business	Mailing Address
SANDRA J PRIDE 3601 AMBER LANE LAKELAND FL 33813 US	SANDRA J PRIDE 3601 AMBER LANE LAKELAND FL 33813-5012 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Matthew Johnson Suite, Apt. #, etc. 3610 Amber Lane City & State Lakeland, FL Zip 33813 Country USA	Matthew Johnson Suite, Apt. #, etc. 3610 Amber Lane City & State Lakeland, FL Zip 33813 Country USA

4. FEI Number	Applied For
59-3110759	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUSE, FRANK J ESQ
680 EAST MAIN STREET
BARTOW FL 33830

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 FRANK ROUSE, ESQ
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 JOHNSON, MATHEW 3610 AMBER LANE LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD GRAFF, JAMES 3625 AMBER LANE LAKELAND FL <input checked="" type="checkbox"/> Delete	TITLE	VD Nettles, James 3617 Amber Lane Lakeland, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD SPRULL, BOB 3649 AMBER LN LAKELAND FL 33813 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD PRIDE, SANDRA J 3601 AMBER LANE LAKELAND FL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)