

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N46464**

1. Entity Name

QUAIL RUN OWNERS ASSOCIATION, INC.**FILED****00 MAR 14 AM 9:57****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business P. O. BOX 3566 LAKE CITY FL 32056	Mailing Address P. O. BOX 3566 LAKE CITY FL 32056-3566
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3138252**

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

SPARKS, CHARLES S.
BELMONT TERRACE AND GLENWOOD DRIVE
LAKE CITY FL 32056

Name **TOM EAGLE**

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

4400 US 90City **Lake city Fla** FL Zip Code **32055**

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 **TOM EAGLE owner**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-00**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 checked="" type="checkbox"/> Delete
NAME	SPARKS, CHARLES S.	
STREET ADDRESS	P.O. BOX 3566 N/A	
CITY-ST-ZIP	LAKE CITY FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	owner	
STREET ADDRESS	4400 US 90	
CITY-ST-ZIP	Lake city Fla 32055	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	STEWART, SCOTT D.	
STREET ADDRESS	P.O. BOX 1208 N/A	
CITY-ST-ZIP	LAKE CITY FL	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	owner	
STREET ADDRESS	Stuart Ki-Aly	
CITY-ST-ZIP	6175 N.W. 167th	
	220 MIAMI FL 33015	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPARKS, SANDRA L.	
STREET ADDRESS	P.O. BOX 3566 N/A	
CITY-ST-ZIP	LAKE CITY FL	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	owner	
STREET ADDRESS	DANIEL CRAPPS	
CITY-ST-ZIP	4400 US 90	
	Lake city Fla 32055	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00 904 755-5110

CR2E037 (9/99)

KE