

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47008

1. Entity Name

TWELVE OAKS HOMEOWNERS ASSOCIATION OF PUTNAM COUNTY, INC.

Principal Place of Business

126 FLORIDIAN CLUB RD
P O BOX 106
WELAKA FL 32193
US

Mailing Address

126 FLORIDIAN CLUB RD
P O BOX 106
WELAKA FL 32193
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

59-3117175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUGATE, HERMAN E
126 FLORIDIAN CLUB RD
P O BOX 106
WELAKA FL 32193

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

TITLE NAME PD FUGATE, HERMAN E. ☐ Delete
STREET ADDRESS 126 FLORIDIAN CLUB RD
CITY-ST-ZIP WELAKA FL 32193

TITLE NAME VD SAPP, FRANK ☐ Delete
STREET ADDRESS 10 SAPP ROAD
CITY-ST-ZIP GRANDIN FL

TITLE NAME STD BESSENT, RAY O. ☐ Delete
STREET ADDRESS RT 1 BOX 21 8B, 340 YAWN AVENUE
CITY-ST-ZIP INTERLACHEN FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

Daytime Phone #

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90080 026 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)