

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47376

1. Entity Name

WOODLAND STATION UNIT ONE REPLAT OWNERS ASSOCIAT

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90035 045 ****61.25

Principal Place of Business 10036 SAWGRASS DR SUITE 3 PONTE VERDA BEACH FL 32082 US	Mailing Address P.O. BOX 1159 PONTE VERDA BEACH FL 32004-1159 US
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2. Principal Place of Business 2180 W SR 434 Suite, Apt. #, etc. STE 5000	3. Mailing Address 2180 W SR 434 Suite, Apt. #, etc. STE 5000
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City & State LONGWOOD FL	City & State LONGWOOD FL	4. FEI Number 59-3125904	Applied For Not Applicable
Zip 32779	Country US	Zip 32779	Country US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MUNCH, DOANLD FOUR SEASONS MGMT 10036 SAWGRASS DR PONTE VERDE BEACH FL 32082	7. Name and Address of New Registered Agent HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD FL 32779-5044
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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] (NOTE: Registered Agent signature required when reinstating) DATE 2/3/00

**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 NAME STREET ADDRESS CITY-ST-ZIP	DST HOPPER, LINDA 3908 UNION PACIFIC DR W JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JACKSONVILLE FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PATTERSON, DANIEL 3920 UNION PACIFIC DR W JACKSONVILLE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHUMAN, ANKE 3920 UNION PACIFIC DR JACKSONVILLE FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CATO, JEAN 10995 UNION PACIFIC DR S JAX FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OVERSTREET, WADE 11002 UNION PACIFIC DR JACKSONVILLE FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-18-00 (904) 642-0602
Date Daytime Phone #

CR2E037 (9/99)