2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 27, 2000 8:00 am
Secretary of State

01-26-2000 90118 025 ****61.25

DOCUMENT # N47389

1. Entity Name

ARBOR POINTE UNIT TWO OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
220 SNOW GOOSE LANE JACKSONVILLE FL 32225	220 SNOW GOOSE LANE JACKSONVILLE FL 32225-4104

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3125902 | Applied For | Not Applied

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
PRESCOTT, LARRY 220 SNOW GOOSE LANE JACKSONVILLE FL 32225	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	DP PRESCOTT, LARRY 220 SNOW GOOSE LANE JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHISM, SCOTT 228 SNOW GOOSE LANE JACKSONVILLE FL 32225 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE PRESIDENT MARIE BARNES 329 SNOW GOOSE LANE JACKSONVILLE FLA 32225 ☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALLEN, ADRINA 237 TREASURE POINT COVE JACKSONVILLE FL 32225 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREASURER/SECRETARY SUSANNE SUPPLE 244 SNOW GOOSE LANE JACKSONVILLE FLA 32225 ☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 REQUIRED — 4/12/2000 — 904-221-3684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #