

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47426

1. Entity Name

GLENLAKES HOMEOWNERS ASSOCIATION, ESTATE SECTION  
, PHASE I, UNIT II A, INC.

Principal Place of Business

9000 GLEN LAKES BLVD.  
BROOKSVILLE FL 34613

Mailing Address

9000 GLEN LAKES BLVD.  
BROOKSVILLE FL 34613

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GLOVER, RALPH S.  
9000 GLEN LAKES BLVD.  
BROOKSVILLE FL 34613

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 PD  
NAME PARENTE, NICK  
STREET ADDRESS 8377 BETHANY LANE  
CITY-ST-ZIP WEEKI WACHEE FL 34613

☐ Delete

TITLE TD  
NAME CRAIGHEAD, DAVID  
STREET ADDRESS 9000 GLEN LAKES BLVD.  
CITY-ST-ZIP BROOKSVILLE FL

☐ Delete

TITLE SD  
NAME SIMMS, DENNIS R.  
STREET ADDRESS 9000 GLEN LAKES DR.  
CITY-ST-ZIP BROOKSVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)