

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90032 046 \*\*\*\*70.00

**DOCUMENT # N48352**

1. Entity Name

**COLLINS LAKES ESTATES OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O JEANNETTE PELLAND  
 5465 CORKY COURT  
 JACKSONVILLE FL 32244  
 US

C/O JEANNETTE PELLAND  
 5465 CORKY COURT  
 JACKSONVILLE FL 32244-5328  
 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

**59-3125688**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PELLAND, JEANNETTE**  
**5465 CORKY COURT**  
**JACKSONVILLE FL 32244**

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	PD	<input type="checkbox"/> Delete
NAME	PELLAND, JEANNETTE	
STREET ADDRESS	5465 CORKY COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHIRLEY, JIM	
STREET ADDRESS	8056 PINE VERDE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LYNN, SHIRLEY	
STREET ADDRESS	8056 PINEVERDE LN.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, KENNETH	
STREET ADDRESS	8131 PINEVERDE KN	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew Hughes	
STREET ADDRESS	8072 Pineverde Ln	
CITY-ST-ZIP	JAX, FL 32244	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Butler	
STREET ADDRESS	8131 Pineverde Ln	
CITY-ST-ZIP	JAX, FL 32244	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Hurst	
STREET ADDRESS	8064 Pineverde Ln	
CITY-ST-ZIP	Jax, FL 32244	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mollie Tolbert	
STREET ADDRESS	8125 Corky Ln	
CITY-ST-ZIP	JAX, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 embossed.

SIGNATURE:

*Jeannette Pelland*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanette Pelland 4/2/00 (904) 269-7640  
 Date Daytime Phone #

CR2E037 (9/99)