

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
03-13-2001 90319 031 ****61.25

DOCUMENT # N50683

1. Entity Name

PLANTATION ACRES ROAD MAINTENANCE ASSOCIATION, I

Principal Place of Business

Mailing Address

**379 MARYANN DRIVE
CRAWFORDVILLE FL 32327
US**

**379 MARYANN DRIVE
CRAWFORDVILLE FL 32327
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

59-3163840

Applied For

Not Applicable

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

**BRUCE, DELAINA L
379 MARYANN DRIVE
CRAWFORDVILLE FL 32327**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **BRUCE, DELAINA L**
CITY-ST-ZIP **379 MARYANN DRIVE
CRAWFORDVILLE FL 32327**

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

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **BAIRD, JENNA**
CITY-ST-ZIP **250 MARYANN DRIVE
CRAWFORDVILLE FL 32327**

TITLE ☒ Change ☐ Addition
NAME **Travis Greenman**
STREET ADDRESS **336 Maryann Drive**
CITY-ST-ZIP **Crawfordville, FL 32327**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **VAUGHN, MARY**
CITY-ST-ZIP **8072 WAKULLA SPRINGS ROAD
TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Boyd D. Bruce**
CITY-ST-ZIP **379 Maryann Dr.
Craw. Fla. 32327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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: Delaina L. Bruce / Boyd D. Bruce 3-6-01 850 488-8426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)