

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50683

1. Entity Name

PLANTATION ACRES ROAD MAINTENANCE ASSOCIATION, I
NC.

Principal Place of Business

379 MARYANN DRIVE
CRAWFORDVILLE FL 32327
US

Mailing Address

379 MARYANN DRIVE
CRAWFORDVILLE FL 32327
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BRUCE, DELAINA L
379 MARYANN DRIVE
CRAWFORDVILLE FL 32327

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

Delaina L. Bruce

Delaina L. Bruce

3-17-02

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

TITLE T ☐ Delete
NAME GREENMAN, TRAVIS
STREET ADDRESS 336 MARYANN DRIVE
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE D ☐ Delete
NAME BRUCE, BOYD D
STREET ADDRESS 379 MARYANN DRIVE
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE T ☒ Change ☐ Addition
NAME Harbeson, Kelly
STREET ADDRESS 500 Maryann Drive
CITY-ST-ZIP Crawfordville, Florida 32327

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

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

TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-488-8426



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)