

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000176

1. Entity Name

QUAIL MEADOW RECREATION PROPERTY OWNERS ASSOCIAT

FILED

Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90028 047 ****61.25

Principal Place of Business

2477 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

Mailing Address

2477 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308-4041

B0018104

2. Principal Place of Business

3158 N.W. 49th Ave.
Suite, Apt. #, etc.

3. Mailing Address

3158 N.E. 49th Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

65-0370730

Applied For

Not Applicable

Zip

34482

Country

USA

Zip

34482

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATZ, GORDON W
2477 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Weisenfluh, Dianna

Street Address (P.O. Box Number is Not Acceptable)

3158 N.W. 49th Ave.

City

Ocala

FL

Zip Code

34482

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 Dianna Weisenfluh, DP

Signature, typed or printed name of registered agent and title if applicable.

Dianna Weisenfluh 2/8/00

(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	DP	<input checked="" type="checkbox"/> Delete
NAME	LATZ, GORDON W	
STREET ADDRESS	2477 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MEHALLIS, STEPHEN G	
STREET ADDRESS	2477 E COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	BOYLE, MARLENE R	
STREET ADDRESS	5850 S.W. STATE RD. 200	
CITY-ST-ZIP	OCALA FL 34476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Weisenfluh, Dianna	
STREET ADDRESS	3158 N.W. 49th Ave.	
CITY-ST-ZIP	Ocala, FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Petta, Rocco	
STREET ADDRESS	3158 N.E. 49th Ave.	
CITY-ST-ZIP	Ocala, FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Wright, Cal	
STREET ADDRESS	3158 N.W. 49th Ave.	
CITY-ST-ZIP	Ocala, FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Wintermute, Janice	
STREET ADDRESS	3158 N.W. 49th Ave.	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
CITY-ST-ZIP	Ocala, FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Steve Stremmel	
STREET ADDRESS	3158 N.W. 49th Ave.	
CITY-ST-ZIP	Ocala, FL 34482	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dianna Weisenfluh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

N92000000174

00018104

ADDITIONS

D

Paul Rupe
3158 N.W. 49th Ave.
Ocala, FL 34482

D

Clint Voss
3158 N.W. 49th Ave.
Ocala, FL 34482