

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000460

1. Entity Name

SOUTHGATE OWNERS ASSOCIATION, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90114 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5330 SW 91ST TERR.  
GAINESVILLE FL 32608  
US

5330SW 91ST TERR.  
GAINESVILLE FL 32608  
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

59-3171772

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

MEDINA, RICK  
5330 SW 91ST TERRACE  
GAINESVILLE FL 32608

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 DP ☒ Delete  
NAME WILSON, JEFF  
STREET ADDRESS 6010 SW 89TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE DP ☐ Change ☒ Addition  
NAME Ron Dunn  
STREET ADDRESS 6010 SW 89th Terrace  
CITY-ST-ZIP Gainesville, FL 32608

TITLE D ☐ Delete  
NAME WALL, CINDY  
STREET ADDRESS 8820 SW 61ST AVENUE  
CITY-ST-ZIP GAINESVILLE FL

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

TITLE D ☐ Delete  
NAME EVANS, JEAN  
STREET ADDRESS 8921 SW 61ST AVENUE  
CITY-ST-ZIP GAINESVILLE FL

TITLE DST ☒ Change ☐ Addition  
NAME Evans, Jean  
STREET ADDRESS 8921 SW 61st Avenue  
CITY-ST-ZIP Gainesville, FL 32608

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

(352) 335 7848

Date

Daytime Phone #