

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N93000000460

1. Entity Name

SOUTHGATE OWNERS ASSOCIATION, INC.

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 REQUIRED

4-6-00

(352) 335 7848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #