

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000460

1. Entity Name

SOUTHGATE OWNERS ASSOCIATION, INC.

FILED  
Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90006 048 \*\*\*\*61.25

0000412

Principal Place of Business 5330 SW 91ST TERR. GAINESVILLE FL 32608 US	Mailing Address 5330SW 91ST TERR. GAINESVILLE FL 32608 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3171772	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEDINA, RICK 5330 SW 91ST TERRACE GAINESVILLE FL 32608	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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																								
<table><tr><td>TITLE</td><td>DP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DUNN, RON</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6010 SW 89TH TERRACE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>GAINESVILLE FL 32608</td><td></td></tr></table>	TITLE	DP	<input type="checkbox"/> Delete	NAME	DUNN, RON		STREET ADDRESS	6010 SW 89TH TERRACE		CITY-ST-ZIP	GAINESVILLE FL 32608		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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

JEAN R. EVANS 4/11/01 371-7114

Date

Daytime Phone #

CR2E037 (10/00)