

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001371

1. Entity Name

TOWNHOMES ON THE GREEN CONDOMINIUM ASSOCIATION,

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90029 038 ****61.25

Principal Place of Business

Mailing Address

C/O JEAN POWELL
2825 N.W. 104TH CT., #A
GAINESVILLE FL 32606
US

C/O JEAN POWELL
2825 N.W. 104TH CT., #A
GAINESVILLE FL 32606-5191
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3249660

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POWELL, JEAN
C/O JEAN POWELL
2825 N.W. 104TH CT., #A
GAINESVILLE FL 32606

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
JEAN POWELL
2825 NW 104TH CT #A
GAINESVILLE FL 32606 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BENKELMAN, THOMAS S
2825 W. 104TH CT., #D
GAINESVILLE FL 32606 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
WELLS, KIM
2825 W. 104TH CT., #C
GAINESVILLE FL 32606 ☐ Delete

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

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☐ Change ☐ Addition

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:

JEAN POWELL (DST) JEAN POWELL

Date

Daytime Phone #

CR2E037 (9/99)