

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002242

1. Entity Name

BIG OAKS OWNERS ASSOCIATION, INC.

Principal Place of Business

6 BIG OAKS BLUFF ROAD
APALACHICOLA FL 32320

Mailing Address

6 BIG OAKS BLUFF ROAD
APALACHICOLA FL 32320

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

59-2822257

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

HAMILTON, DINA
6 BIG OAKS BLUFF ROAD
APALACHICOLA FL 32320

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 D
NAME HAMILTON, DINA
STREET ADDRESS 6 BIG OAKS BLUFF ROAD
CITY-ST-ZIP APALACHICOLA FL 32320

☐ Delete

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

TITLE D
NAME HAMILTON, JAMES G
STREET ADDRESS 6 BIG OAKS BLUFF ROAD
CITY-ST-ZIP APALACHICOLA FL 32320

☐ Delete

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

TITLE D
NAME MERRITT, FRANCES V
STREET ADDRESS 6201 RIVER RD, #408
CITY-ST-ZIP COLUMBUS GA

☐ Delete

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

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CITY-ST-ZIP ☐ 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 a similar like empowered.

SIGNATURE:

DINA HAMILTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00
Date Daytime Phone #

CR2E037 (9/99)