

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004552
Entity Name
TIMBERLAND ESTATES PROPERTY OWNERS ASSOCIATION,

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90098 005 ****61.25

Principal Place of Business		Mailing Address	
515 S. 6TH STREET MACLENNY FL 32063		515 S. 6TH STREET MACLENNY FL 32063-2605	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		59-3278270		Applied For	
				Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	P
NAME	RHODEN, THOMAS R	NAME	EDGE, DANIEL P.
STREET ADDRESS	515 S. 6TH STREET	STREET ADDRESS	421 TIMBERLAND EST.
CITY-ST-ZIP	MACLENNY FL 32063	CITY-ST-ZIP	GLEN ST. MARY, FL 32040
TITLE	VD	TITLE	T
NAME	RHODEN, THOMAS J	NAME	HARVEY, DEBORAH J.
STREET ADDRESS	515 S. 6TH STREET	STREET ADDRESS	434 TIMBERLAND EST.
CITY-ST-ZIP	MACLENNY FL 32063	CITY-ST-ZIP	GLEN ST. MARY, FL 32040
TITLE	STD	TITLE	S
NAME	RHODEN, TINA M	NAME	SIKES, MARY R.
STREET ADDRESS	515 S. 6TH STREET	STREET ADDRESS	436 TIMBERLAND EST.
CITY-ST-ZIP	MACLENNY FL 32063	CITY-ST-ZIP	GLEN ST. MARY, FL 32040
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: