

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90201 043 ****61.25

0030287

DOCUMENT # N94000004991

1. Entity Name

KELSTON LANE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2830 N.W. 41 ST.
 STE. F
 GAINESVILLE FL 32606
 US

2830 NW 41 ST
 SUITE F
 GAINESVILLE FL 32606

2. Principal Place of Business

4400 NW 36th Ave

3. Mailing Address

4400 NW 36th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

59-3315500

Applied For

Not Applicable

Zip

32606

Country

USA

Zip

32606

Country

USA

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

Name

Trippe, Pat

Street Address (P.O. Box Number is Not Acceptable)

4400 NW 36th Ave

City

Gainesville

FL

Zip Code

32604

TRIPPE, PAT
 2830 N.W. 41 ST.
 STE. F
 GAINESVILLE FL 32606

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

Pat Trippe

Signature, typed or printed name of registered agent and title if applicable.

PAT TRIPPE

(NOTE: Registered Agent signature required when reinstating)

4-10-01

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 ☐ Delete
 NAME PD
 STREET ADDRESS DUNCAN, STEVE
 CITY-ST-ZIP 4334 NW 10 PL
 GAINESVILLE FL 32606

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

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS SPAIN, ANNE
 CITY-ST-ZIP 4323 N.W. 10 PL
 GAINESVILLE FL

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

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS STUART, LINDA
 CITY-ST-ZIP 4336 NW 10 PL
 GAINESVILLE FL 32606

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS NICHOLSON, DON
 CITY-ST-ZIP 4338 NW 10TH P
 GAINESVILLE FL 32605

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

Daytime Phone #

CR2E037 (10/00)