

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000142

1. Entity Name

EVERGREEN ACRES PROPERTY OWNERS ASSOCIATION, INC

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90074 022 ****61.25

Principal Place of Business

515 SOUTH 6TH STREET
MACCLENNEY FL 32063

Mailing Address

515 SOUTH 6TH STREET
MACCLENNEY FL 32063-2605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3387322

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

RHODEN, THOMAS R
515 SOUTH 6TH STREET
MACCLENNEY FL 32063

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 PD
STREET ADDRESS RHODEN, THOMAS R
CITY-ST-ZIP 515 SOUTH 6TH STREET
MACCLENNEY FL 32063 ☐ Delete

TITLE
NAME P
STREET ADDRESS KEAST, JONATHAN
CITY-ST-ZIP Rt. 2, Box 2350
Glen St. Mary, FL 32040 ☐ Change ☐ Addition

TITLE
NAME VD
STREET ADDRESS DAVIS, R H
CITY-ST-ZIP 515 SOUTH 6TH STREET
MACCLENNEY FL 32063 ☐ Delete

TITLE
NAME S
STREET ADDRESS TATE, DONALD
CITY-ST-ZIP P.O. BOX 1331
MACCLENNEY, FL 32063 ☐ Change ☐ Addition

TITLE
NAME STD
STREET ADDRESS RHODEN, TINA M
CITY-ST-ZIP 515 SOUTH 6TH STREET
MACCLENNEY FL 32063 ☐ Delete

TITLE
NAME T
STREET ADDRESS HARRELL, SANDRA
CITY-ST-ZIP P.O. BOX 2343
GLEN ST. MARY, FL 32040 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)