

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90333 005 ****61.25

DOCUMENT # N95000002023

1. Entity Name

HAILE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**3616 N.W. 186TH STREET
 NEWBERRY FL 32669**

Mailing Address

**P. O. BOX 1074
 NEWBERRY FL 32669
 US**

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

NOT APPLICABLE

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

**MCINARNAY, WILLIAM
 6928 NW 196TH ST
 ALACHUA FL 32615**

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
**VD
 HARMS, SUE
 7010 N.W. 200 TERR.
 ALACHUA FL 32615** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 HARMS, SUE
 7010 NW 200TH TERR
 ALACHUA FL 32615** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DTD
~~SHERWOOD, ED~~
~~503 NW 182ND ST~~
~~NEWBERRY FL 32669~~** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DTD
 SUE HARMS
 7010 NW 200th TERR.
 ALACHUA, FL 32615** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HUNTER, SUE E
 7230 NW 200 TERRACE
 ALACHUA FL 32615** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
~~MCINARNAY, WILLIAM~~
 6928 NM 196 ST.
 ALACHUA FL 32615** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 WENDY ~~BAR~~ WALTHER
 >SAME** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 LEIVONEN, GENE
 20816 NW 46 AVE.
 NEWBERRY FL 32669** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
LEIVONEN, GENE ☒ Change ☐ Addition
 SPELLING

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: William McInarnay 1/23/01 (904) 462-2811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)