2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR)

SIGNATURE:

¹N95000002387 DOCUMENT # N95000002387 03 SEP 15 PM 12: 27 1. Entity Name SECLETARY OF STATE TALLAHASSEE, FLORIDA BUCK RIDGE II OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 6110-B NW 1ST PLACE 6110-B NW 1ST PLACE GAINESVILLE FL 32607 **GAINESVILLE FL 32607** 2. Principal Place of Business P.D. BOX 1461 3. Mailing Address
D. Box Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 59-3319554 ATN6S WILLE 6 AUNESURULE, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ACTION REALTY** 6110-B NW 1ST PLACE **GAINESVILLE FL 32607** 8. The above named entity subgits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent. the obligations g SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when rains FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CAMPOS, JORGE NAME NAME PO BOX 14621 STREET ADDRESS STREET ADDRESS **CR2E037 GAINESVILLE FL 32604** CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAJAFI, FAZIL NAME NAME 4812 NW 28TH PLACE STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32606** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition OBLON; PHOEBE NAME NAMĚ 4726 NW 27TH PLACE STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32606** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP 12. Thereby certify that the information supplied with this filling 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 of trustee employeres to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and of the corporation or the receiver or traitee empoyerest changed, or on an attachment with an address, with all of Keguired

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<u>352-3342489</u>

Attachment

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September 8, 2003

Florida Department of State Division of Corporations PO Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern:

As per the instructions on Uniform Business Report my home address has been listed in section 7. I am a Law Enforcement officer in this state and am exempt from public records publication per Florida State Statute 119.07. Please remove my home address from any publications per this statute. My mailing address, PO Box 14621, Gainesville, Florida 32604 may be used in lieu of.

Thank you in advance for your attention and compliance.

Jorge J. Campos