

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000002433**

1. Entity Name

**RUNNING SPRINGS BLUFF PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

**412 N.E. 16H AVE.  
GAINESVILLE FL 32601**

Mailing Address

**412 N.E. 16H AVE.  
GAINESVILLE FL 32601**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**DAVIES, LISA S  
412 N.E. 16TH AVE.  
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIES, LISA S	
STREET ADDRESS	412 N.E. 16TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHEFFIELD, BOB	
STREET ADDRESS	P.O. BOX 1776 N/A	
CITY-ST-ZIP	PERRY FL 32347	

TITLE	STD	<input type="checkbox"/> Delete
NAME	MCDONALD, JANET L	
STREET ADDRESS	412 N.E. 16TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS G. LEE	
STREET ADDRESS	412 NE 16 AVE	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet  
McDonald

Date

3/4/02

Daytime Phone #

352-  
334-1976

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)