

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

0087981

**DOCUMENT # N95000004924**

1. Entity Name

**BIG R HILL ROAD LANDOWNERS ASSOCIATION, INC.**

02-10-2002 90005 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**3255 SE 164 TERRACE  
 OCKLAWAHA FL 32179**

**P.O. BOX 1480  
 SILVER SPRINGS FL 34489**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSLEY, ORLO E  
 3255 SE 164 TERRACE  
 OCKLAWAHA FL 32179**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MRSIC, JOE J SR</b>	
STREET ADDRESS	<b>3402 EDMONT AVE</b>	
CITY-ST-ZIP	<b>BROOKHAVEN PA 19015</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MRSIC, JOE JR</b>	
STREET ADDRESS	<b>3402 EDMONT AVENUE</b>	
CITY-ST-ZIP	<b>BROOKHAVEN PA 19015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, DARLEN M</b>	
STREET ADDRESS	<b>2241 NW 80TH AVE</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33322</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>INSLEY, ORLO E</b>	
STREET ADDRESS	<b>P.O. BOX 1480</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS FL 34489</b>	
TITLE	<b>SDT</b>	<input type="checkbox"/> Delete
NAME	<b>INSLEY, RUTH M</b>	
STREET ADDRESS	<b>P.O. BOX 1480</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS FL 34489</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RANDALL E. DYAL JR.</b>	
STREET ADDRESS	<b>3435 SE 164 TERRACE</b>	
CITY-ST-ZIP	<b>OCKLAWAHA FL 32179</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TERESA A BOLLINGER</b>	
STREET ADDRESS	<b>12340 SE 88TH CT.</b>	
CITY-ST-ZIP	<b>BELLYVIEW FL 33420</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INSLEY, ORLO E.</b>	
STREET ADDRESS	<b>3255 SE 164 TERRACE</b>	
CITY-ST-ZIP	<b>OCKLAWAHA, FL 32179</b>	
TITLE	<b>S.D.T.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INSLEY, RUTH M.</b>	
STREET ADDRESS	<b>3255 S.E. 164 TERRACE</b>	
CITY-ST-ZIP	<b>OCKLAWAHA, FL 32179</b>	
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: *ORLO E INSLEY* **REQUIRED** ORLO E INSLEY 1/20/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)