

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001366

1. Entity Name

TURNING HAWK RANCH UNIT 2 HOMEOWNERS ASSOCIATION

Principal Place of Business

6401 S W 87 AVENUE
212
MIAMI FL 33173
US

Mailing Address

6401 S W 87 AVENUE
212
MIAMI FL 33173

2. Principal Place of Business

1899 SE 91st Place

Suite, Apt. #, etc.

3. Mailing Address

1899 SE 91st Place

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34480

Country

USA

Zip

34480

Country

USA

4. FEI Number

65-0729621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKEEVER, JOHN P
2100 SE 17TH STREET
SUITE 300
OCALA FL 34471

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

After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEVENSTEIN, LEONARD L 300 SE MIZNER BLVD. UNIT 902 BOCA RATON FL 33432	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCKEAN, RANDOLPH A 6401 SW 87TH AVENUE STE 212 MIAMI FL 33173	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADINSKY, ED 1048 KANE CONCOUESE STE 2B BAY HARBOUR FL 33154	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHERI CAREY 8911 SE 70th AVE RD OCALA FL 34480	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GEORGE SIEBERT 1899 SE 91st PL OCALA FL 34480	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LARRY BUSH 9174 SE 70th AVE RD OCALA FL 34480	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TAMMY BECK 1741 SE 91st PL OCALA FL 34480	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL CRIMM - DIRECTOR 2602 SE 27th St. OCALA FL 34480	☐ Change ☒ Addition
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

9/12/05 352-861-4975

Date

Daytime Phone #

CR2E037 (5/00)

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90010 043 ****61.25



DO NOT WRITE IN THIS SPACE