

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N96000001830*

1. Entity Name

Big Scrub Community Association INC

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90165 013 ****70.00

Principal Place of Business

Mailing Address

20290 S.E. 142nd Place
Umatilla FL, 32784

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

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0051238

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Smith Cindy
20290 S.E. 142nd Place
Umatilla FL, 32784

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

Cindy Smith Cindy Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 28, 2001

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 ☐ Delete
NAME *DC*
STREET ADDRESS *Smith, Cindy*
CITY-ST-ZIP *20290 S.E. 142nd Pl.*
Umatilla FL, 32784

TITLE ☐ Change ☐ Addition
NAME *DC*
STREET ADDRESS *Smith Cindy*
CITY-ST-ZIP *20290 S.E. 142 Pl.*
Umatilla FL, 32784

TITLE ☐ Delete
NAME *DVC*
STREET ADDRESS *Smith, Tracy*
CITY-ST-ZIP *14219 S.E. 203 Rd.*
Umatilla, FL, 32784

TITLE ☐ Change ☐ Addition
NAME *DVC*
STREET ADDRESS *Smith Tracy*
CITY-ST-ZIP *14219 S.E. 203 Rd.*
Umatilla FL, 32784

TITLE ☐ Delete
NAME *D*
STREET ADDRESS *Mathis, Myriam*
CITY-ST-ZIP *P.O. Box 978 N/A*
Weirsdale FL, 32195

TITLE ☐ Change ☐ Addition
NAME *D*
STREET ADDRESS *Mathis Myriam*
CITY-ST-ZIP *P.O. Box 978*
Weirsdale FL, 32195

TITLE ☐ Delete
NAME *DT*
STREET ADDRESS *Reitz, Ronald*
CITY-ST-ZIP *20393 S.E. 140th St*
Umatilla, FL 32784

TITLE ☐ Change ☐ Addition
NAME *DT*
STREET ADDRESS *Reitz Ronald*
CITY-ST-ZIP *20393 S.E. 140th St*
Umatilla, FL 32784

TITLE ☒ Delete
NAME *DS*
STREET ADDRESS *Lee, Connie*
CITY-ST-ZIP *18875 S.E. 106th St*
Ocklawaha FL, 32179

TITLE ☒ Change ☐ Addition
NAME *DS*
STREET ADDRESS *Wiley Melinda*
CITY-ST-ZIP *15333 Hwy 25*
Weirsdale FL, 32195

TITLE ☐ Delete
NAME *D*
STREET ADDRESS *Wiley, Melinda*
CITY-ST-ZIP *15333 Hwy 25*
Weirsdale FL, 32195

TITLE ☐ Change ☐ Addition
NAME *D*
STREET ADDRESS *Wiley Melinda*
CITY-ST-ZIP *15333 H.W. 25*
Weirsdale FL 32195

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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy Smith Cindy Smith

Date

Daytime Phone #

352-288-2840

CR2E037 (11/00)