

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003058

1. Entity Name

BENT OAKS OF WASHINGTON COUNTY HOMEOWNERS' ASSOC

Principal Place of Business

Mailing Address

2802 PARADISE LAKES RD  
CHIPLEY FL 32462

P.O. BOX 525  
VERNON FL 32462-0525

FILED

00 APR 20 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, A.C.  
3189 PIONEER RD.  
VERNON FL 32462

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MOORE, ARVIN C  
STREET ADDRESS 3189 PIONEER RD  
CITY-ST-ZIP VERNON FL 32462

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500003219865--2  
CITY-ST-ZIP --04/24/00--01035--007

TITLE STD ☐ Delete  
NAME MOORE, SUZANNE  
STREET ADDRESS 3800 NEW JERUSALEM RD  
CITY-ST-ZIP VERNON FL 32462

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS \*\*\*\*\*61.25  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COLEY, ANGELINE  
STREET ADDRESS 2802 PARADISE LAKES RD  
CITY-ST-ZIP CHIPLEY FL 32462

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)