2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am DOCUMENT # N9600003447 **Secretary of State** 1. Entity Name SATEKE VILLAGE UTILITIES HOMEOWNERS ASSOCIATION, 02-08-2000 90052 019 ****61.25 Principal Place of Business Mailing Address 10021 S.W. 182ND CIRCLE 10021 S.W. 182ND CIRCLE 913732 **DUNNELLON FL 34432-4429** DUNNELLON FL 34432 3. Mailing Address 2. Principal Place of Business P.O. Box P.O. Box DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3397247 Not Applicable DUNNELLON DUNINELLON Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required U SA 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent. Street Address (P.O. Box Number is Not Acceptable) S. RAY GILL, P.A. 613 S.E. FT. KING ST. OCALA FL 34471 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Delete TITLE TITLE NAME NAME SCHMIDT, HUBERT S 9241 SW 99 LANE STREET ADDRESS STREET ADDRESS 10021 SW 182ND CIRCLE CITY-ST-ZIP FL. 34432 DUNNELLON. CITY-ST-ZIP **DUNNELLON FL** TITLE Change 1 ☐ Delete VD TITLE THOR NAME NAME WATKINS, GRIFFIN 337 SW 102 STREET ROAD STREET ADDRESS STREET ADDRESS 9241 SW 99 LANE CITY-ST-ZIP CITY-ST-ZIP DUNNELLON FL Change TOSD ☐ Delete TITI F TITLE **BROOS. CLAUDE A** NAME 10021 SW 1824 STREET ADDRESS STREET ADDRESS 10009 SW 182ND CIR CITY-ST-ZIP CITY-ST-ZIP DUNNELLON DUNNELLON FL 34432 Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP E ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

252.489.0609