

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90020 007 \*\*\*\*61.25

**DOCUMENT # N96000005629**  
 1. Entity Name  
**SILVER OAKS OF FANNING SPRINGS HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**POST OFFICE BOX 308      POST OFFICE BOX 308**  
**TRENTON FL 32693      TRENTON FL 32693**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**59-3425246**      Not Applicable

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

**BURT, THEODORE M**  
**114 NORTHEAST FIRST ST**  
**TRENTON FL 32693**

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	TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCQUILLAN, ARTHUR J</b>	NAME	<b>Paul Chase</b>
STREET ADDRESS	<b>ROUTE 20 BOX 709</b>	STREET ADDRESS	<b>17390 NW 84th Court</b>
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	CITY-ST-ZIP	<b>Fanning Springs, FL 32693</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCQUILLAN, GREGORY</b>	NAME	<b>James McLaughlin</b>
STREET ADDRESS	<b>1805 SE 12TH ST.</b>	STREET ADDRESS	<b>17190 NW 82nd Terrace</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32641</b>	CITY-ST-ZIP	<b>Fanning Springs FL 32693</b>
TITLE	<b>D VP</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOCKE, BARBARA</b>	NAME	<b>Shirley McCrone</b>
STREET ADDRESS	<b>17430 NW 80TH COURT</b>	STREET ADDRESS	<b>17130 NW 83rd Court</b>
CITY-ST-ZIP	<b>FANNING SPRINGS FL 32693</b>	CITY-ST-ZIP	<b>Fanning Springs-FL 32693</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Peggy Norman</b>
STREET ADDRESS		STREET ADDRESS	<b>8211 NW 174th Place</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Fanning Springs FL 32693</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** *Paul Chase* **SIGNATURE REQUIRED**      352-463-7225      4/22/02      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)