

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90069 013 ****61.25

950264

DO NOT WRITE IN THIS SPACE

DOCUMENT # *N96000005983*

1. Entity Name
ROLLING GREENS HOMEOWNERS ASSOCIATION of OCALA, INC.

Principal Place of Business
5907 Cherry Rd - Ocala, FL 34472

Mailing Address
1920 E. Robinson St - Orlando, FL 32803

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip **Country** **Zip** **Country**

4. FEI Number
59-3422483

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

*LEE JAY COLLING & ASSOCIATES, P.A. -
 1920 E. Robinson St.
 Orlando, FL 32803*

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: _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE <i>P/D</i>	<input type="checkbox"/> Delete
NAME <i>Robert Lanz</i>	
STREET ADDRESS <i>1819 Cypress Point Dr.</i>	
CITY-ST-ZIP <i>Ocala, FL 34472</i>	
TITLE <i>V/D</i>	<input type="checkbox"/> Delete
NAME <i>Laura Hart</i>	
STREET ADDRESS <i>1705-A W. Geneagles Rd.</i>	
CITY-ST-ZIP <i>Ocala, FL 34472</i>	
TITLE <i>S/D</i>	<input type="checkbox"/> Delete
NAME <i>Helen Pries</i>	
STREET ADDRESS <i>6425-C Lakewood Dr.</i>	
CITY-ST-ZIP <i>Ocala, FL 34472</i>	
TITLE <i>T/D</i>	<input type="checkbox"/> Delete
NAME <i>Roger Meyers</i>	
STREET ADDRESS <i>1719 Indian Wells Ave.</i>	
CITY-ST-ZIP <i>Ocala, FL 34472</i>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Roger Meyers* **Signature and Typed or Printed Name of Signing Officer or Director** *Roger Meyers* **Date** *4/24/2000* **Daytime Phone #** *352 624 3284*