2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **N97000001505** Jan 19, 2000 8:00 am Secretary of State COUNTRY CLASS FARMS HOME OWNERS ASSOCIATION, INC 01-19-2000 90001 038 ****61.25 Principal Place of Business Mailing Address 745 GIANT OAK RD 745 GIANT OAK RD LAKELAND FL 33810 LAKELAND FL 33810-7802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3572419 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PIERSON, DIANNA 745 GIANT OAK RD LAKELAND FL 33810 City 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change PD TITLE TITLE ☐ Delete NAME NAME LEONARD, ED STREET ADDRESS STREET ADDRESS 805 GIANT OAK RD CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33810 ☐ Addition Change TITLE ☐ Delete TITLE TURBEVILLE, ANDREA MAME NAME STREET ADDRESS STREET ADDRESS 626 GIANT OAK RD CITY-ST-7IP CITY-ST-ZIP LAKELAND FL 33810 ☐ Addition ☐ Change STD ☐ Delete TITLE NAME NAME PIERSON, DIANNA STREET ADDRESS STREET ADDRESS 745 GIANT OAK RD CITY-ST-7IP CITY-ST-ZIP LAKELAND FL 33810 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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.

DiAnna Pierson Jan 4,2000 (
3 OFFICER OR DIRECTOR Dayline Phon