

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90014 030 \*\*\*\*61.25

**DOCUMENT # N97000002920**

1. Entity Name

**GLEN LAUREL HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

1730 KINGSLEY AVE STE E  
 ORANGE PARK FL 32073

Mailing Address

1730 KINGSLEY AVE STE E  
 ORANGE PARK FL 32073-4417

2. Principal Place of Business

920 3rd Street  
 Suite, Apt. #, etc.  
 Suite B

3. Mailing Address

920 3rd Street  
 Suite, Apt. #, etc.  
 Suite B

City & State

Neptune Beach, FL

City & State

Neptune Beach, FL

4. FEI Number

65-0756363

Applied For

Not Applicable

Zip

32266

Country

USA

Zip

32266

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOOD, JAMES R  
 1730 KINGSLEY AVE STE E  
 ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name Wallace, Denise  
 Street Address (P.O. Box Number is Not Acceptable)  
920 3rd Street  
Suite B  
 City Neptune Beach, FL Zip 32266

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 Wallace, Denise L.

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

TITLE	<b>D P</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, JAMES R</b>	
STREET ADDRESS	<b>1730 KINGSLEY AVE STE E</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>D VP</b>	<input type="checkbox"/> Delete
NAME	<b>WALLACE, PATRICK</b>	
STREET ADDRESS	<b>1730 KINGSLEY AVE, STE E</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>D T/S</b>	<input type="checkbox"/> Delete
NAME	<b>LEIGH, SANDY</b>	
STREET ADDRESS	<b>1730 KINGSLEY AVE, STE E</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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:

*James R. Wood*  
**REQUIRE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)