

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003143

1. Entity Name

WOODLAND GLEN HOMEOWNERS ASSOCIATION, INC.



FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90008 015 ****61.25

Principal Place of Business

P.O. BOX 605
FAIRFIELD FL 32634-0605

Mailing Address

P.O. BOX 605
FAIRFIELD FL 32634-0605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3486495

Applied For

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

spelling
BAXLA, JEFFREY E
13030 N.W. 171 PLACE
REDDICK FL 32686

Name JEFFERY E. BAXLA

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

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
After September 13, 2000 min: will be \$236.25

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	DP	<input checked="" type="checkbox"/> Delete
NAME	KRUEGER, ROBERT	
STREET ADDRESS	16600 NW 128TH TERRACE	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHANDLER, CHARLES	
STREET ADDRESS	12305 NW 168TH PLACE	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BREWER, BERNADETTE	
STREET ADDRESS	16690 NW 128TH TERRACE	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BAXLA, JEFFREY E	
STREET ADDRESS	13030 NW 131ST COURT	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HARVIS, TONY	
STREET ADDRESS	16975 NW 131ST COURT	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRIFFIN, PAUL	
STREET ADDRESS	12900 NE 171ST PLACE	
CITY-ST-ZIP	REDDICK FL 32686	

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROCE, GUY	
STREET ADDRESS	12950 NW 171ST PLACE	
CITY-ST-ZIP	REDDICK, FL 32686	
TITLE	DP	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXLA, JEFFREY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVIS, TONY	
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: JEFFREY E. BAXLA 352-591-0676
SECRETARY OF STATE / REGISTERED AGENT 8/1/00 352-369-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #