

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005293

1. Entity Name

JACARU HOMEOWNERS ASSOCIATION, INCORPORATED

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90032 016 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 259
LACROSSE FL 32658

POST OFFICE BOX 259
LACROSSE FL 32658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 259

Box 259

City & State

City & State

LaCrosse, FL

LaCrosse, FL

Zip

Country

Zip

Country

32658

Alachua

32658

Alachua

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DEBBIE
5710 NW 246TH AVENUE
ALACHUA FL 32615

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

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
NAME LEE, ROBERT
STREET ADDRESS 24317 N.W. 52ND TERR.
CITY-ST-ZIP LACROSSE FL 32658

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MIDDLETON, BILL
STREET ADDRESS BOX 45 N.W. 246 AVE
CITY-ST-ZIP LACROSSE FL 32658

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME SMITH, DEBORAH
STREET ADDRESS 5710 N.W. 246 AVE
CITY-ST-ZIP LACROSSE FL 32658

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00

(904) 462-5420

CR2E037 (5/00)