

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006006

1. Entity Name

REEDY BRANCH PLANTATION HOMEOWNERS ASSOCIATION,

Principal Place of Business

9471 BAYMEADOWS RD STE 404
JACKSONVILLE FL 32256

Mailing Address

9471 BAYMEADOWS RD STE 404
JACKSONVILLE FL 32256-7937

2. Principal Place of Business

920 Third Street

3. Mailing Address

920 Third Street

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Neptune Beach, FL

City & State

Neptune Beach, FL

Zip

32266

Country

USA

Zip

32266

Country

USA

4. FEI Number

59-3500782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, DENISE L
9471 BAYMEADOWS RD STE 404
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

920 Third Street

Suite B

City

Neptune Beach,

FL

Zip Code

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, L.D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/00

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 PD ☒ Delete
NAME BARBOUR, GREGORY J
STREET ADDRESS 4314 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE VD ☒ Delete
NAME OWENS, LAUREN L
STREET ADDRESS 4314 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE STD ☒ Delete
NAME PEDERSON, TANYA
STREET ADDRESS 4314 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Martin Foskey
STREET ADDRESS 8916 Canopy Oaks Drive
CITY-ST-ZIP Jacksonville, FL 32256

TITLE 1VPD ☒ Change ☐ Addition
NAME Skip Burks
STREET ADDRESS 8778 Reedy Branch Drive
CITY-ST-ZIP Jacksonville, FL 32256

TITLE SD ☒ Change ☐ Addition
NAME Traci Van Pelt
STREET ADDRESS 10657 Crooked Tree Court
CITY-ST-ZIP Jacksonville, FL 32256

TITLE 2VPD ☐ Change ☒ Addition
NAME Kathy Mollon
STREET ADDRESS 8722 Canopy Oaks Drive
CITY-ST-ZIP Jacksonville, FL 32256

TITLE TD ☐ Change ☒ Addition
NAME Eric Palmer
STREET ADDRESS 8922 Canopy Oaks Drive
CITY-ST-ZIP Jacksonville, FL

TITLE ☐ Change ☐ 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: Wallace, L.D.

SIGNATURE AND TYPED OR PRINTED NAME

Date

Daytime Phone #

CR2E037 (9/99)