

**1000 UNIFORM BUSINESS REPORT (UBR)**

7/12

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90145 030 \*\*\*\*61.25

**DOCUMENT # N97000006548**

1. Entity Name

**LONG POND PLANTATION, UNIT TWO, PROPERTY OWNERS**



Principal Place of Business

Mailing Address

111 S.E. 1ST AVE.  
 GAINESVILLE FL 32601

111 S.E. 1ST AVE.  
 GAINESVILLE FL 32601-6819

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

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

59-3665137

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUINCEY, JAMES S**  
 111 S.E. 1ST AVE.  
 GAINESVILLE FL 32601

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**

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 type="checkbox"/> Delete
NAME	QUINCEY, JAMES S	
STREET ADDRESS	111 S.E. 1ST AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PINKOSON, CHARLES O	
STREET ADDRESS	3945 N.W. 30TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DST	<input type="checkbox"/> Delete
NAME	YORK, E. TRAVIS	
STREET ADDRESS	4020 S.W. 78TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 S. Quincy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/2000  
 Date

352 376 4694  
 Daytime Phone #

CR2E037 (9/99)