

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90054 031 \*\*\*\*61.25

**DOCUMENT # N98000000814**

**1. Entity Name**  
**SEVILLE OWNERS ASSOCIATION, INC.**



**Principal Place of Business**

**Mailing Address**

~~107 E HIGH ST~~  
~~ARCHER FL 32618~~

~~PO BOX 368~~  
~~ARCHER FL 32618~~

**2. Principal Place of Business**

**2066 SW 42nd Lane**

**3. Mailing Address**

**2066 SW 42nd Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Gainesville, FL.**

**City & State**

**Gainesville, FL.**

**4. FEI Number 59-3600374**

Applied For

Not Applicable

**Zip**

**32608**

**Country**

**Alachua**

**Zip**

**32608**

**Country**

**Alachua**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**WILLIAMS, THOMAS W JR**  
**107 E HIGH ST**  
**ARCHER FL 32618**

**7. Name and Address of New Registered Agent**

**Name Frederick B. Kieckhefer, Jr.**

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

**2066 SW 42nd Lane**

**City**

**Gainesville**

**FL**

**Zip Code**

**32608**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Frederick B. Kieckhefer, Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

**9/6/03**

DATE

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☒ Delete  
**NAME** **WILLIAMS, THOMAS W JR**  
**STREET ADDRESS** **PO BOX 368**  
**CITY-ST-ZIP** **ARCHER FL 32618**

**TITLE** **SHEMA, RONALD** ☒ Delete  
**NAME** **1410 NW 13TH ST**  
**STREET ADDRESS** **GAINESVILLE FL 32601**  
**CITY-ST-ZIP**

**TITLE** **HAYSLIP, DIANA L** ☒ Delete  
**NAME** **105 SE 4TH STREET**  
**STREET ADDRESS** **WILLISTON FL 32696**  
**CITY-ST-ZIP**

**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** **President** ☒ Change ☐ Addition  
**NAME** **Jesse Akers**  
**STREET ADDRESS** **2065 SW 42nd Lane**  
**CITY-ST-ZIP** **Gainesville, FL. 32608**

**TITLE** **Vice President** ☒ Change ☐ Addition  
**NAME** **Ralph Bailey**  
**STREET ADDRESS** **4531 Winderwood Circle**  
**CITY-ST-ZIP** **Orlando, FL. 32835**

**TITLE** **Secretary - Treasurer** ☒ Change ☐ Addition  
**NAME** **Frederick B. Kieckhefer, Jr.**  
**STREET ADDRESS** **2066 SW 42nd Lane**  
**CITY-ST-ZIP** **Gainesville, FL. 32608**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Frederick B. Kieckhefer, Jr.*

**9/6/03 (740) 596-5226**

CR2E037 (4/03)