

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90049 050 \*\*\*\*61.25

**DOCUMENT # N98000003405**

1. Entity Name

**SADDLEWOOD OWNERS ASSOCIATION, INC.**

Principal Place of Business

6810 ST. AUGUSTINE RD.  
 JACKSONVILLE FL 32217

Mailing Address

6810 ST. AUGUSTINE RD.  
 JACKSONVILLE FL 32217-2818

2. Principal Place of Business

920 Third Street

Suite, Apt. #, etc.  
 Suite B

City & State  
 Neptune Beach, FL

Zip  
 32266

Country  
 USA

3. Mailing Address

920 Third Street

Suite, Apt. #, etc.  
 Suite B

City & State  
 Neptune Beach, FL

Zip  
 32266

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3547515

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

~~DOSTIE, RICHARD R~~  
~~6810 ST. AUGUSTINE RD.~~  
~~JACKSONVILLE FL 32217~~

7. Name and Address of New Registered Agent

Name  
 L. Denise Wallace

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

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

TITLE NAME	DP DOSTIE, RICHARD R	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6810 ST. AUGUSTINE RD. JACKSONVILLE FL 32217	
TITLE NAME	DVP DOSTIE, RENE JR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6810 ST. AUGUSTINE RD. JACKSONVILLE FL 32217	
TITLE NAME	DS DOSTIE, DAVID O	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6810 ST. AUGUSTINE RD. JACKSONVILLE FL 32217	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.

SIGNATURE:

**SIGNATURE REQUIRED**

3/29/00

(904) 242-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #