## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9900001492 Mar 17, 2000 8:00 am **Secretary of State** ORIGINAL KENNEDY LAKES PROPERTY OWNERS ASSOCIATI 03-17-2000 90071 048 \*\*\*\*61.25 Principal Place of Business Mailing Address 5667 OLD BETHEL ROAD 5667, OLD BETHEL ROAD CRESTVIEW FL 32536 CRESTVIEW FL 32536-5521 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DAVIS, FRANCES O 5667 OLD BETHEL ROAD CRESTVIEW FL 32536 Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PRESIDENT DOUGLAS FAIRCLOTH ☐ Addition TITLE Delete TITLE NAME NAME 5786 SEMINOLE DR. STREET ADDRESS STREET ADDRESS CRESTUREW FL 32536 CITY-ST-ZIP CITY-ST-ZIP SECRETARY-TREASURER ☐ Delete Change Addition TITLE TITLE FRANCES O. DAVIS NAME NAME 5667 OLD BETHEL KD STREET ADDRESS STREET ADDRESS CRESTOIEN FL 32536 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR CARTER BUSH Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME 802 LAKESIDE DR. STREET ADDRESS STREET ADDRESS DESTIN FL 32541-CITY-ST-ZIP CITY-ST-7IP DIRECTOR Addition ☐ Delete TITLE TITLE RAY RIKER NAME 1065 TALLOKAS KD NAME STREET ADDRESS STREET ADDRESS CRESTUIEN FL 32536 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR Change Addition ☐ Delete CARLA OWENS NAME NAME 1049 TALLOKAS LD STREET ADDRESS STREET ADDRESS CLESTUIEWFL 32536 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR