

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001728

1. Entity Name

FAULKNER SUBDIVISION ASSOCIATION, INC.

Principal Place of Business

385 BAILEY ROAD
VENICE FL 34292

Mailing Address

385 BAILEY ROAD
VENICE FL 34292

2. Principal Place of Business

2758 Kennedy Dr.
Suite, Apt. #, etc.

3. Mailing Address

2758 Kennedy Dr.
Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

Zip

34292

Country

Zip

34292

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
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)

MOORE, ROBERT L
227 NOKOMIS AVE., SOUTH
VENICE FL 34285

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 PD
NAME FAULKNER, KEVIN
STREET ADDRESS 385 BAILEY ROAD
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE PD
NAME Faulkner, Kevin
STREET ADDRESS 2758 Kennedy Dr.
CITY-ST-ZIP Venice, FL 34292 ☒ Change ☐ Addition

TITLE STD
NAME FAULKNER, CRAIG
STREET ADDRESS 385 BAILEY ROAD
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

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

TITLE VD
NAME FAULKNER, HANSEL
STREET ADDRESS 385 BAILEY ROAD
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/01

480-0218

Daytime Phone #

CR2E037 (10/00)