

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001757

1. Entity Name

PLANTATION OAKS MOBILE HOMEOWNERS' ASSOCIATION.

Principal Place of Business

Mailing Address

315 ABYHARA AVENUE  
SEFFNER FL 33584

315 ABYHARA AVENUE  
SEFFNER FL 33584-3659

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

59-3585065

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

BOWMAN, SANDRA  
315 ABYHARA AVENUE  
SEFFNER FL 33584

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 Sandra Bowman

03-20-2000

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 BOWMAN, SANDRA  
STREET ADDRESS 315 ABYHARA AVENUE  
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

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

TITLE VPD  
NAME STALLS, HENRY H  
STREET ADDRESS 415 ALASTAR CIRCLE  
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

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

TITLE SD  
NAME MEISENBURG, DOROTHEA  
STREET ADDRESS 130 ALAFARA STREET  
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

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

TITLE TD  
NAME PEDIT, JOANNE A  
STREET ADDRESS 141 ALAFARA STREET  
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE TD  
NAME Lamont, Donald  
STREET ADDRESS 128 ALAFARA Street  
CITY-ST-ZIP Seffner, FL 33584 ☒ Change ☐ Addition

TITLE D  
NAME KERSLAKE, FRED R  
STREET ADDRESS 321 ABYHARA AVENUE  
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE D  
NAME Calendine, Jim  
STREET ADDRESS 324 ABYHARA Ave.  
CITY-ST-ZIP Seffner, FL 33584 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME Fritz, Charles  
STREET ADDRESS 256 Aladana Ave.  
CITY-ST-ZIP Seffner, FL 33584 ☐ 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:

Sandra Bowman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-2000 813-661-6013

Date

Daytime Phone #

CR2E037 (9/99)