2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 11, $\overline{2002}$ 8:00 am DOCUMENT # N99000003924 **Secretary of State** 1. Entity Name BEULAH LAND DRAINAGE ASSOCIATION, INC. 02-11-2002 90162 014 ****61.25 Mailing Address Principal Place of Business 2321 N.W. 41ST STREET STE A-2 2321 N.W. 41ST STREET STE A-2 GAINESVILLE FL 32606 730537 GAINESVILLE FL 32606 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3407828 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SPAIN, THOMAS C 2321 N.W. 41ST STREET STE A-2 GAINESVILLE FL 32606 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PD ☐ Delete TITLE TITI SPAIN, THOMAS C NAME 2321 N.W. 41ST STREET STE A-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** Change Addition ☐ Delete TITI F TITLE SPAIN, SUSAN B NAME NAME 2321 N.W. 41ST STREET STE A-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** ☐ Change Addition STD TITLE □ Delete DILE HUGGINS, J A NAME NAME 2321 N.W. 41ST STREET STE A-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GAINESVILLE FL 32606 ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attackment with an address, with all other like empowered. SIGNATURE

CITY-ST-ZIP

CITY-ST-ZIP

(9/01)CR2E037