

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004437

1. Entity Name

THE POINTE AT LONG POINT OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

3000 FIRST COAST HIGHWAY
AMELIA ISLAND PLANTATION
AMELIA ISLAND FL 32035-1307

3000 FIRST COAST HIGHWAY
AMELIA ISLAND PLANTATION
AMELIA ISLAND FL 32035

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

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

GREGORY, DAVID B
3000 FIRST COAST HIGHWAY
AMELIA ISLAND PLANTATION
AMELIA ISLAND FL 32035-1307

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

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 ☐ Delete
NAME DOUGLAS, CURT L
STREET ADDRESS 102 SNOWY EGRET ROAD
CITY-ST-ZIP AMELIA ISLAND FL 32034

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

TITLE SD ☐ Delete
NAME CHISM, WAYNE R
STREET ADDRESS 2334 E. STATE ROAD 200, #300
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

TITLE TD ☐ Delete
NAME MCCARROLL, LORIE L
STREET ADDRESS 2334 E. STATE ROAD 200 #300
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 empowered.

SIGNATURE:

Signature of David B. Gregory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00
Date

904-777-0009
Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90907 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)