## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # N99000004636 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name ABBEY GLEN HOMEOWNERS ASSOCIATION, INC. 04-13-2000 90089 026 \*\*\*\*61.25 Mailing Address Principal Place of Business 101-1 N.W. 75TH ST. 101-1 N.W. 75TH ST. GAINESVILLE FL 32607-3508 GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State Not Applicable \$8.75 Additional Zip Country 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 Name Street Address (P.O. Box Number is Not Acceptable) PLA, JOHN M 101-1 N.W. 75TH ST. GAINESVILLE FL 32607 Zip Code City FL antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above pa SIGNATURE DATE printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE **PVST** ☐ Delete TITLE PLA, JOHN M NAME NAME STREET ADDRESS STREET ADDRESS 101-1 N.W. 75TH ST. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Addition TITI F Change D ☐ Delete TITLE PLA. JOHN M NAME NAME STREET ADDRESS STREET ADDRESS 101-1 N.W. 75TH ST. CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32607** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HOWARD, AMY STREET ADDRESS STREET ADDRESS 101-1 N.W. 75TH ST. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Change ☐ Addition D TITLE TITLE Delete NAME JOHNSON, CARL L NAME 4421 N.W. 39TH AVE., BLDG. 1, STE. 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** Addition VICE PRESIDENT TITLE Change ☐ Delete MGH TITLE MERRILL L NAME NAME 101 NW 75th SI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

empowered

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

tother H

changed, or on an attachment with an address

SIGNATURE AND TYPED O

SIGNATURE: