

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000004636**1. Entity Name
ABBNEY GLEN HOMEOWNERS ASSOCIATION, INC.Principal Place of Business
101-1 N.W. 75TH ST.
GAINESVILLE FL 32607
Mailing Address
101-1 N.W. 75TH ST.
GAINESVILLE FL 32607

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
59-3597075Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentPLA JOHN M
101-1 N.W. 75TH ST.
GAINESVILLE FL 32607**7. Name and Address of New Registered Agent**Name
MACOR REALTY
Street Address (P.O. Box Number is Not Acceptable)
10404 SW 24TH AVE
City
GAINESVILLE FL Zip Code
32607

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 **LISA BEUNING****05/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VP	DELETE
	PUGH MERRILL L	101 NW 75 STREET #1	GAINESVILLE FL 32607	☐	Delete
	D JOHNSON CARL L	4421 N.W. 39TH AVE., BLDG. 1, STE. 2	GAINESVILLE FL 32606	☐	Delete
	D HOWARD AMY	101-1 N.W. 75TH ST.	GAINESVILLE FL 32607	☐	Delete
	D PLA JOHN M	101-1 N.W. 75TH ST.	GAINESVILLE FL 32607	☐	Delete
	PVST PLA JOHN M	101-1 N.W. 75TH ST.	GAINESVILLE FL 32607	☐	Delete
				☐	Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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)(f), 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:

John M Pla

pvst

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Fax/Phone #

CR2E037 (11/00)