## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9900004669

1. Entity Name

THE GLADES OF CLAY COUNTY HOMEOWNERS ASSOCIATION



Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90391 016 \*\*\*\*61.25

**FILED** 

, INC.	<b>V</b>		W. W.	15					
Principal Place 106 INDUSTRIA ORANGE PARK	AL LOOP NORTH	Mailing Address 108 INDUSTRIAL LOOP NORTH ORANGE PARK FL 32073	J						
							i i 1441 i 119 i		
2. Principal Place of Business 3. Mailing Address			1 -		-				
TO REPRODE ATTICLE		170   KEDW 6							
Suite, Apt. #, etc.		ouite, Apr. #, etc.				CHECK HERE IF MA	KING CHANC	iES	
City & State		City & State			4. FEI Number 59-3610531			Applied For	
MIDDLEBURG, FL		MIDDLEBUEG				<u> </u>	Not Applicable		
zip 32068	Country	-32068-	Country U.S.A		5. Certificate of Sta	atus Desired 🔔 🔲	\$6.75 Fee Rec	Additional juired	
20000	6. Name and Address of Current R					dress of New Registered Agent			
Na				Russell THOLEN					
COGDILL			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
	JSTRIAL LOOP NORTH PARK FL 32073		1851 THE GLADES ROAD						
United L	FARR FL 02010								
•			City	VOIDDLE BURG FL Zip Code 32068					
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. I am familiar with, and accept									
-the obligations of registered agent.									
Russell H. Tholen 3/15/03									
SIGNATURE .	Signature, typed or printed name of registered agent an	id title if applicable. (NOTE: Reg	sistered Agent signatu	re required	when reinstating)		ATE		
FILE NOW: FEE IS \$61.25			-		<b>\$5.00</b> May Be		heck Payal		
		Trust Fund Contr	ibution.		Added to Fees	Florida De	epartment	of State	
10.	OFFICERS AND DIRE	ECTORS	11.	Δ	ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTOR	S IN 10	
TITLE	D	<b>⊠</b> Delete	TITLE	D			X Cha	nge 🔲 Addition	
NAME	COGDILL, JOHN L		NAME	Rus	SEI THOLEN	S DOAN			
STREET ADDRESS CITY-ST-ZIP	108 INDUSTRIAL LOOP NORTH ORANGE PARK FL 32073		STREET ADDRESS CITY-ST-ZIP		OLEBULG F			-	
	D D	<b>⊠</b> . Delete	TITLE	D	Dhe Bues .F	<u></u>	<b>⊠</b> Cha	nge 🗍 Addition	
title Name	WEYER, WILLIAM G JR.	Delete	1	_	ES YARBR	00 <i>CH</i>	Z CHIL	, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS	4626 EMPIRE AVE.		STREET ADDRESS	1709	5 REDWOOD	LANE			
CITY-ST-ZIP -	JACKSONVILLE FL 32207		CITY-ST-ZIP	mib	DLEBURG	FL 32068			
TITLE	D COOPILE TOTAL	🔀 Delete	TITLE	Ъ			🔀 Char	nge 🔲 Addition	
NAME	COGDILL, JOHN J 108 INDUSTRIAL LOOP NORTH		NAME STREET ADDRESS	TINA	A TESCHENI	SORF			
STREET ADDRESS CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP		NEBURG		. 6		
TITLE		☐ Oelete	TITLE	0	THEBURB	FF 3 40	<u>ு</u> Char	nge 🗖 Addition	
NAME		Outco	NAME	770°	TORIS Dopse	M 2	_		
STREET ADDRESS			STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REDWOOD				
CITY-ST-ZIP			CITY-ST-ZIP	mia	DLE Bues	FL 3200	-8		
TITLE		☐ Delete	TITLE				Char	nge 🗌 Addition	
NAME			NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		□ Delete	TITLE				☐ Char	nge 🔲 Addition	
NAME		L Doicte	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 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 affactment with an address, with all other like empowered.

SIGNATURE:

298-2486