

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-16-2001 90002 019 ****61.25

DOCUMENT # N99000004876

1. Entity Name

QUAIL RIDGE HOMEOWNERS ASSOCIATION OF LAKE COUNT

Principal Place of Business

**35520 CEDAR LANE
 LEESBURG FL 34748**

Mailing Address

**35520 CEDAR LANE
 LEESBURG FL 34748**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**THURMAN, SAM D JR.
 35520 CEDAR LANE
 LEESBURG FL 34748**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **THURMAN, SAM D JR.**
 STREET ADDRESS **35520 CEDAR LANE**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **STD** ☐ Delete
 NAME **THURMAN, DONNA L**
 STREET ADDRESS **35520 CEDAR LANE**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☒ Delete
 NAME **COX, JAMES W**
 STREET ADDRESS **130 EAST 5TH AVENUE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D** ☐ Delete
 NAME **ALAN B. THURMAN**
 STREET ADDRESS **702 No. SYLVAN DR.**
 CITY-ST-ZIP **BRANDON, FL 33510**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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 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: **SAM D THURMAN JR.** **RECEIVED** **THURMAN JR.** **Feb. 6, 2001** **352-408-8757**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)