

DOCUMENT # N99000004936

1. Entity Name
TUSTENUGGEE PLANTATION OWNERS ASSOCIATION, INC.

Principal Place of Business
128 S. HERNANDO ST.
LAKE CITY FL 32025

Mailing Address
128 S. HERNANDO ST.
LAKE CITY FL 32025-4444

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent
MCDAVID, TERRY
128 S. HERNANDO ST.
LAKE CITY FL 32025

FILED

Apr 27, 2000 8:00 am

Secretary of State

01-21-2000 90067 025 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3595162

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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
<div><div>TITLE</div><div>NAME</div><div>STREET ADDRESS</div><div>CITY-ST-ZIP</div></div> <div><div>WEDEKIND, LEE D JR.</div><div>5345 ORTEGA BLVD.</div><div>JACKSONVILLE FL 32210</div></div> <div><input type="checkbox"/> Delete</div>	<div><div>TITLE</div><div>NAME</div><div>STREET ADDRESS</div><div>CITY-ST-ZIP</div></div> <div><div></div><div></div><div></div><div></div></div> <div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>
<div><div>TITLE</div><div>NAME</div><div>STREET ADDRESS</div><div>CITY-ST-ZIP</div></div> <div><div>LANE, JAMES T JR.</div><div>5345 ORTEGA BLVD.</div><div>JACKSONVILLE FL 32210</div></div> <div><input type="checkbox"/> Delete</div>	<div><div>TITLE</div><div>NAME</div><div>STREET ADDRESS</div><div>CITY-ST-ZIP</div></div> <div><div></div><div></div><div></div><div></div></div> <div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>
<div><div>TITLE</div><div>NAME</div><div>STREET ADDRESS</div><div>CITY-ST-ZIP</div></div> <div><div>VARGAS, ERNIE</div><div>5345 ORTEGA BLVD.</div><div>JACKSONVILLE FL 32210</div></div> <div><input type="checkbox"/> Delete</div>	<div><div>TITLE</div><div>NAME</div><div>STREET ADDRESS</div><div>CITY-ST-ZIP</div></div> <div><div></div><div></div><div></div><div></div></div> <div><div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div></div>
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEE D WEDEKIND, JR

Date
2-28-00

Daytime Phone #
904-388-0068

CR2E037 (9/99)