

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**  
 03-21-2000 90004 043 \*\*\*150.00

**DOCUMENT # N99000005925**

1. Entity Name

**THE PINES MOBILE HOME SUBDIVISION HOMEOWNERS ASS**

Principal Place of Business

Mailing Address

1007 JENKS AVENUE  
 PANAMA CITY FL 32401

1007 JENKS AVENUE  
 PANAMA CITY FL 32401-2474

2. Principal Place of Business

1350 Branch Rd.

3. Mailing Address

1350 Branch Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bishop, Georgia

City & State

Bishop, Georgia

4. FEI Number

Applied For  
 Not Applicable

Zip

30621

Country

USA

Zip

30621

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMM, W. GERALD ESQ  
 LEDMAN HAMM & DREYER  
 1007 JENKS AVENUE  
 PANAMA CITY FL 32401

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: *Judy H Highfield*  
 Signature, typed or printed name of registered agent and title if applicable.

~~Judy H Highfield~~  
~~Vice President~~

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/2000

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DVT	HIGHFIELD, JUDY H	1350 BRANCH ROAD	BISHOP GA 30621	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DPS	HIGHFIELD, TONY	1350 BRANCH ROAD	BISHOP GA 30621	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	STRIBLIN, LARRY	1023 N TYNDALL PARKWAY	PANAMA CITY FL 32404	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Judy H Highfield*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000  
 Date

706  
 709-7257  
 Daytime Phone #

CR2E037 (9/99)