

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005925

1. Entity Name

THE PINES MOBILE HOME SUBDIVISION HOMEOWNERS ASS

Principal Place of Business

1350 BRANCH RD
BISHOP GA 30621

Mailing Address

1350 BRANCH RD
BISHOP GA 30621

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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 DVT ☐ Delete
NAME HIGHFIELD, JUDY H
STREET ADDRESS 1350 BRANCH ROAD
CITY-ST-ZIP BISHOP GA 30621

TITLE DPS ☐ Delete
NAME HIGHFIELD, TONY
STREET ADDRESS 1350 BRANCH ROAD
CITY-ST-ZIP BISHOP GA 30621

TITLE D ☐ Delete
NAME STRIBLIN, LARRY
STREET ADDRESS 1023 N TYNDALL PARKWAY
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Judy H. Highfield, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2001

769-7357

Secretary/Date

Daytime Phone #

3/11

FILED
May 17, 2001 8:00 am
Secretary of State

03-15-2001 90203 024 ****61.25



DO NOT WRITE IN THIS SPACE

58-2611936

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2007 (10/00)