

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092953

1. Entity Name

HAILE PLANTATION COMMUNITY MANAGEMENT, INC.

Principal Place of Business

5330 SW 91ST TERRACE
GAINESVILLE FL 32608
US

Mailing Address

5330 SW 91ST TERRACE
GAINESVILLE FL 32608-7124
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3352668

Applied For

Not Applicable

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

BAIR, TRACY
5330 SW 91ST TERRACE
GAINESVILLE FL 32608

Name Rick Medina

Street Address (P.O. Box Number is Not Acceptable)

5330 SW 91st Terrace

City Gainesville

FL 32608

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

Rick Medina

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/24/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DEVESSE, TAYLOR	
STREET ADDRESS	8502 SW 52ND PL	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	P	<input type="checkbox"/> Delete
NAME	KRAMER, ROBERT B	
STREET ADDRESS	9404 SW 53RD LANE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TATE, ALVIN	
STREET ADDRESS	5322 SW 97 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOPER, CLEVE	
STREET ADDRESS	5610 SW 88TH COURT	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Van Rinsvelt	
STREET ADDRESS	9417 SW 53rd Lane	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

3/28/00

Date

352-336-9444

Daytime Phone #

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90114 025 ***150.00



DO NOT WRITE IN THIS SPACE