

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90016 039 \*\*\*150.00

**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  
 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**

**Gainesville, FL 32608**

City

**GAINESVILLE**

FL

Zip Code

**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*

**3/13/01**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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** ☒ Delete  
 NAME **DEVIESE, TAYLOR**  
 STREET ADDRESS **8502 SW 52ND PL**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **Jeff Quigley, President** ☐ Change ☒ Addition  
 NAME **9623 SW 53rd Road**  
 STREET ADDRESS **Gainesville, FL 32608**  
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **KRAMER, ROBERT B**  
 STREET ADDRESS **9404 SW 53RD LANE**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
 NAME **ROBERT KRAMER**  
 STREET ADDRESS **5300 SW 91 TERRACE**  
 CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **VP** ☒ Delete  
 NAME **TATE, ALVIN**  
 STREET ADDRESS **5322 SW 97 TERR**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **Joan Van Rinsvelt, Treasurer** ☐ Change ☒ Addition  
 NAME **9417 SW 53rd Lane**  
 STREET ADDRESS **Gainesville, FL 32608**  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **COOPER, CLEVE**  
 STREET ADDRESS **5610 SW 88TH COURT**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Jeff Quigley*

**JEFF QUIGLEY**

**3/13/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)