

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90035 030 ****61.25

DOCUMENT # N23073

1. Entity Name
ICHETUCKNEE FOREST OWNERS ASSOCIATION, INC.

Principal Place of Business
Mailing Address
ROUTE 1 BOX 1616
O'BRIEN FL 32055
ROUTE 1 BOX 1616
O'BRIEN FL 32071-9727

C0009221



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country
4. FEI Number 59-2907455
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
ST. JACQUES, LORI D
ROUTE 1 BOX 1623
O'BRIEN FL 32071
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.
Make Check Payable to Department of State

Table with 2 columns: 10. OFFICERS AND DIRECTORS, 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include: PD HARDENDORF, MORA; VD GAYLE, JUNE; SD ST. JACQUES, LORI D.; TD ST JACQUES, LORI D.

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: LORI D. ST. JACQUES FOR LORI D. ST JACQUES 1/19/2000 904 497-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #