

2001 UNIFORM BUSINESS REPORT (UBR) *AMENDED*

0000393

DOCUMENT # **N23073**

1. Entity Name *

ICHETUCKNEE FOREST OWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 1:16

Principal Place of Business ROUTE 1 BOX 1616 O'BRIEN FL 32055	Mailing Address ROUTE 1 BOX 1616 O'BRIEN FL 32055
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business RT 1 BOX 1648 Suite, Apt. #, etc.	3. Mailing Address RT 1 BOX 1648 Suite, Apt. #, etc.
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City & State O'BRIEN FL.	City & State O'BRIEN FL.
Zip 32071	Zip 32071
Country COLUMBIA	Country COLUMBIA

4. FEI Number 59-2907455	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**ST. JACQUES, LORI D
ROUTE 1 BOX 1623
O'BRIEN FL 32071**

7. Name and Address of New Registered Agent

Name
ERVIN SMITH

Street Address (P.O. Box Number is Not Acceptable)
RT. 1 BOX 1648

City
O'BRIEN

FL Zip Code
32071

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 *Ervin Smith* **ERVIN SMITH** (NOTE: Registered Agent signature required when reinstating)

DATE **OCT. 10 2001**

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 PD	HARDENDORF, MORA <input checked="" type="checkbox"/> Delete
NAME	RT 1 BOX 1616
STREET ADDRESS	O'BRIEN FL
CITY-ST-ZIP	
TITLE VD	GAYLE, JUNE <input checked="" type="checkbox"/> Delete
NAME	RT 1 BOX 1621-A
STREET ADDRESS	O'BRIEN FL
CITY-ST-ZIP	
TITLE SD	ST. JACQUES, LORI D. <input checked="" type="checkbox"/> Delete
NAME	RT 1 BOX 1623
STREET ADDRESS	O'BRIEN FL
CITY-ST-ZIP	
TITLE TD	ST JACQUES, LORI D <input checked="" type="checkbox"/> Delete
NAME	ROUTE 1 BOX 1623
STREET ADDRESS	O'BRIEN FL 32071
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	SMITH, ERVIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RT 1 BOX 1648
STREET ADDRESS	O'BRIEN FL. 32071
CITY-ST-ZIP	
TITLE VB	NORMAN JOHNSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RT. 1 BOX 1646
STREET ADDRESS	O'BRIEN FL. 32071
CITY-ST-ZIP	
TITLE SD	SMITH, TERRI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RT 1 BOX 1624
STREET ADDRESS	O'BRIEN FL. 32071
CITY-ST-ZIP	
TITLE TD	SMITH, TERRI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RT 1 BOX 1624
STREET ADDRESS	O'BRIEN FL. 32071
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	200004653872-2
STREET ADDRESS	-10/25/01--01080--002
CITY-ST-ZIP	*****61.25 *****61.25

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.

CR2E037 (5/01)