

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N36906**

1. Entity Name

**SABLE CHASE CLUSTER SUBDIVISION COMMUNITY ASSOCI**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90109 032 \*\*\*\*61.25

Principal Place of Business 2830 NW 41ST ST., SUITE F GAINESVILLE FL 32606 US	Mailing Address PO BOX 147050 STE - 30 GAINESVILLE FL 32614-7050 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2830 NW 41<sup>st</sup> St.  
# F  
Gainesville, FL  
32606  
Florida

4. FEI Number	Applied For
59-3084470	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SMITH, BEVERLY K  
2830 NW 41ST STREET  
SUITE F  
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name: Pat Trippie  
Street Address (P.O. Box Number is Not Acceptable):  
2830 NW 41<sup>st</sup> St # F  
City: Gainesville FL Zip Code: 32606

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: Pat Trippie  
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: FORRESTER, RAY STREET ADDRESS: 4010 NW 35TH STREET CITY-ST-ZIP: GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: ALBERT, JANICE STREET ADDRESS: 4105 NW 35 ST CITY-ST-ZIP: GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE: STD NAME: STERLING, MARK STREET ADDRESS: 3911 NW 34TH DRIVE CITY-ST-ZIP: GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: Mark Sterling STREET ADDRESS: 3911 NW 34 Dr. CITY-ST-ZIP: Gainesville FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: Gwen Stiles STREET ADDRESS: 3415 NW 39th Lane CITY-ST-ZIP: Gainesville FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: Carol Smith STREET ADDRESS: 3506 NW 39 Lane CITY-ST-ZIP: Gainesville FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carol Smith **REQUIRED** 2/24/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (9/99)