

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90046 038 \*\*\*\*61.25

**DOCUMENT # 727957**

1. Entity Name

**KILLEARN LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**7110 BEECH RIDGE TR  
 TALLAHASSEE FL 32312  
 US**

**7110 BEECH RIDGE TR  
 TALLAHASSEE FL 32312  
 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

**59-2751247**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BIRSCHBACH, THOMAS M  
 7110 BEECH RIDGE TR  
 TALLAHASSEE FL 32312**

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

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.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MCCUE, TERRY</b>	
STREET ADDRESS	<b>7110 BEECH RIDGE TR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HEIMAN, BILL</b>	
STREET ADDRESS	<b>7110 BEECH RIDGE TR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAMILTON, SCOTT</b>	
STREET ADDRESS	<b>7110 BEECH RIDGE TRAIL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEPHENSON, JIM</b>	
STREET ADDRESS	<b>7110 BEECH RIDGE TR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, MIKE</b>	
STREET ADDRESS	<b>7110 BEECH RIDGE TRAIL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, CYNTHIA</b>	
STREET ADDRESS	<b>7110 BEECH RIDGE TRAIL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	

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	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thoma, Richard E.</b>	
STREET ADDRESS	<b>7110 Beech Ridge Trail</b>	
CITY-ST-ZIP	<b>Tallahassee, FL</b>	
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		

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 files empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 (850)668-3231

Date Daytime Phone #

CR2E037 (9/01)