

2001 UNIFORM BUSINESS REPORT (UBR)

5/31

FILED
May 31, 2001 8:00 am
Secretary of State

05-03-2001 90097 025 ****61.25

DOCUMENT # 762066

1. Entity Name

LAFAYETTE CONDOMINIUM HOMEOWNER'S ASSOCIATION, I

Principal Place of Business

**384 SOUTH FRANKLIN BLVD.
TALLAHASSEE FL 32301**

Mailing Address

**384 SOUTH FRANKLIN BLVD.
TALLAHASSEE FL 32301**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

521 E. Jefferson St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

4. FEI Number

59-2222853

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCLURE, SANDRA C.
2104 LEE AVE
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

Michael L. Moore

Street Address (P.O. Box Number is Not Acceptable)

521 E. Jefferson St.

City

Tallahassee

FL

Zip Code

32301

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

Michael L. Moore

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/01

**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

TITLE	PD	☐ Delete
NAME	MCCLURE, CHARLES D.	
STREET ADDRESS	384 SOUTH FRANKLIN BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	SD	☐ Delete
NAME	MCCLURE, SANDRA C.	
STREET ADDRESS	384 SOUTH FRANKLIN BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VPD	☐ Delete
NAME	RAYNOR, MICHAEL	
STREET ADDRESS	150 S MONROE ST., SUITE 400	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	T	☐ Delete
NAME	MOORE, MICHAEL	
STREET ADDRESS	521 E. JEFFERSON ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☐ Addition
NAME	Michael Moore	
STREET ADDRESS	521 E. Jefferson St.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	SD	☐ Change ☐ Addition
NAME	Tom Proctor	
STREET ADDRESS	384 S. Franklin Blvd.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	VPD	☐ Change ☐ Addition
NAME	Michael Raynor	
STREET ADDRESS	150 S. Monroe St., Suite 400	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	T	☐ Change ☐ Addition
NAME	Rick Watson	
STREET ADDRESS	P.O. Box 10038	
CITY-ST-ZIP	Tallahassee, FL 32302	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 like empowered.

SIGNATURE:

Michael L. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

950-222-5983

Daytime Phone #

CR2E037 (10/00)