# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 04, 2001 8:00 am**
**Secretary of State**
04-04-2001 90101 046 ****61.25

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DOCUMENT # N00000001867

1. Entity Name

MICCOSUKEE COMMONS OFFICES CONDOMINIUM ASSOCIATI

| Principal Place of Business | Mailing Address |
|---|---|
| 1300 METROPOLITAN BLVD.<br>TALLAHASSEE FL 32308 | 1300 METROPOLITAN BLVD.<br>TALLAHASSEE FL 32308 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1815 Miccosukee Commons Dr. | P.O. Box 14019 |
| Suite, Apt. #, etc. 104 | Suite, Apt. #, etc. |
| City & State Tallahassee FL | City & State Tallahassee FL |
| Zip 32308 Country USA | Zip 32317 Country USA |

4. FEI Number 59-3679398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

NOBLIN, MILLARD J
1300 METROPOLITAN BLVD.
TALLAHASSEE FL 32308

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

Name: Millard J. Noblin
Street Address (P.O. Box Number is Not Acceptable): 1815 Miccosukee Commons Dr. Suite 104
City: Tallahassee **FL** Zip Code: 32308

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 _____ Millard J. Noblin 1-11-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NOBLIN, MILLARD J<br>1300 METROPOLITAN BLVD.<br>TALLAHASSEE FL 32308 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>1815 Miccosukee Commons Dr. Suite 104<br>Tallahassee Fl 32308 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NOBLIN, MAX P<br>1300 METROPOLITAN BLVD.<br>TALLAHASSEE FL 32308 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>1815 Miccosukee Commons Dr. Suite 104<br>Tallahassee Fl. 32308 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARSON, HARRY<br>1300 METROPOLITAN BLVD.<br>TALLAHASSEE FL 32308 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>1815 Miccosukee Commons Dr.<br>Tallahassee Fl. 32308 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** SIGNATURE REQUIRED Millard J Noblin 1-11-01 385-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #