

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90231 008 ****61.25

DOCUMENT # N01350

1. Entity Name

THE LAKES AT UNIVERSITY CENTER HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**1311 AIRPORT DRIVE
TALLAHASSEE FL 32304
US**

Mailing Address

**P.O. BOX 2396
TALLAHASSEE FL 32316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1311 Airport Dr. C-1

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2659645**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CAPPS, BETTY
222 MAT LANE
HAVANA FL 32333**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUDD, CLARKE	
STREET ADDRESS	1325 AIRPORT DR E-3	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MULDON, CAITRIN	
STREET ADDRESS	1323 AIRPORT DRIVE E-8	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SUTTON, MARIANNA	
STREET ADDRESS	1317 AIRPORT DR	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPPS, BETTY	
STREET ADDRESS	222 MAT LANE	
CITY-ST-ZIP	HAVANA FL 32333	
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		<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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sutton, Marianne	
STREET ADDRESS	1317 Airport Dr. F-11	
CITY-ST-ZIP	Tallahassee, FL 32304	
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 like empowered.

SIGNATURE: *Betty Capps* REQUIRED

2/11/03 (850) 574-6719

CR2E037 (10/02)