

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23187

1. Entity Name

THE RACQUET CLUB HOMEOWNERS ASSOCIATION, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90040 009 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 38511
 TALLAHASSEE FL 32315-8511

P.O. BOX 38511
 TALLAHASSEE FL 32315-8511

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

59-2895874

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

HEAVENER, DONALD
 1882 PATSY ANN COURT S
 TALLAHASSEE FL 32303

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)

9-13-2000

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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: PD
 NAME: HEAVENER, DON Delete
 STREET ADDRESS: 1882 PATSYANNE CT
 CITY-ST-ZIP: TALLAHASSEE FL 32303

TITLE: PRESIDENT
 NAME: PRESHA, ZEPHINE Change Addition
 STREET ADDRESS: 1955 ROB WAY
 CITY-ST-ZIP: TALLAHASSEE, FL 32303

TITLE: VD
 NAME: PRESHA, ZEPHINE Delete
 STREET ADDRESS: 1955 ROB WAY
 CITY-ST-ZIP: TALLAHASSEE FL 32303

TITLE: VICE PRESIDENT
 NAME: TURNER, CASSANDRA Change Addition
 STREET ADDRESS: 1867 MARYELLEN DRIVE
 CITY-ST-ZIP: TALLAHASSEE, FL 32303

TITLE: SD
 NAME: CHILDS, CHRISTINE Delete
 STREET ADDRESS: 1874 PATSY ANN COURT
 CITY-ST-ZIP: TALLAHASSEE FL 32303

TITLE: SECRETARY
 NAME: GATLIN, NANA Change Addition
 STREET ADDRESS: 1884 PATSY ANN CT. S.
 CITY-ST-ZIP: TALLAHASSEE, FL 32303

TITLE: T
 NAME: GATLIN, CHARLES Delete
 STREET ADDRESS: 1884 PATSY ANN CT
 CITY-ST-ZIP: TALLAHASSEE FL 32303

TITLE: TREASURER
 NAME: HEAVENER, DONALD Change Addition
 STREET ADDRESS: 1882 PATSY ANN CT. S.
 CITY-ST-ZIP: TALLAHASSEE, FL 32303

TITLE: AC
 NAME: CRISLER, VANESSA Delete
 STREET ADDRESS: 2014 MARYELLEN DR
 CITY-ST-ZIP: TALLAHASSEE FL 32303

TITLE: ARCH. CHAIRPERSON
 NAME: CRISLER, VANESSA Change Addition
 STREET ADDRESS: 2014 MARYELLEN DRIVE
 CITY-ST-ZIP: TALLAHASSEE, FL 32303

TITLE: Delete
 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:

SIGNATURE REQUIRED

9-13-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (5/00)