2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N23187** Sep 18, 2000 8:00 am Secretary of State 1. Entity Name THE RACQUET CLUB HOMEOWNERS ASSOCIATION, INC. 09-18-2000 90040 009 ****61.25 Principal Place of Business Mailing Address P.O. BOX 38511 P.O. BOX 38511 TALLAHASSEE FL 32315-8511 TALLAHASSEE FL 32315-8511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2895874 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HEAVENER, DONALD 1882 PATSY ANN COURT S TALLAHASSEE FL 32303 City Zip Code r submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Change Change TITLE ☐ Delete TITLE PRESIDENT NAME HEAVENER, DON NAME PRESHA, ZEFPHINE STREET ADDRESS STREET ADDRESS **1882 PATSYANNE CT** 1955 ROB WAY CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32303 🗽 TALLAHASSEE FL 32303 ☐ Addition ☐ Defete TITLE Change VICE PRESIDENT PRESHA. ZEFHINE NAME NAME TURNER, CASSANDRA STREET ADDRESS STREET ADDRESS 1955 ROB WAY 1867 MARYELLEN DRIVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32303 TALLAHASSEE FL 32303 ☐ Addition Change TITLE ☐ Delete **SECETARY** NAME CHILDS, CHRISTINE GATLIN, NANA STREET ADDRESS STREET ADDRESS 1874 PATSY ANN COURT 1884 PATSY ANN CT. S. CITY-ST-ZIP CITY-ST-78P TALLAHASSEE FL 32303 TALLAHASSEE. FL 32303 Change ☐ Addition TITLE ☐ Delete TREASURER NAME **GATLIN, CHARLES** NAME HEAVENER; DONALD STREET ADDRESS STREET ADDRESS 1882 PATSY ANN CT. S. 1884 PATSY ANN CT CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE, FL 32303 TALLAHASSEE FL 32303 AC TITLE ☐ Change ☐ Addition TITLE Delete ARCH. CHAIRPERSON CRISLER, VANESSA NAME NAME CRISLER, VANESSA STREET ADDRESS STREET ADDRESS 2014 MARYELLEN DR 2014 MARYELLEN DRIVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 TALLAHASSEE, FL 32303 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received or trustee employered 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 Addres h all other like empowered.

REQUIRED

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: