

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23389

1. Entity Name

BARCLAY LANE CONDOMINIUM OF TALLAHASSEE, A CONDO

Principal Place of Business

4549-A BARCLAY LANE
TALLAHASSEE FL 32308
US

Mailing Address

3332 GALLANT FOX TR.
TALLAHASSEE FL 32308
US

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

59-3323121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, CHARLES
PROPERTY MANAGER
3332 GALLANT FOX TR
TALLAHASSEE FL 32308

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)

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 PD
NAME YOUNG, STACY
STREET ADDRESS 45499 BARCLAY LANE
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME ANTOUN, CYNTHIA
STREET ADDRESS 4557 BARCLAY LANE
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME LAWHORN, LINDSAY
STREET ADDRESS 4557-D BARCLAY LANE
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MARCUS, CHARLES
STREET ADDRESS 3332 GALLANT FOX TR., PROPERTY MANAGER
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Charles R. Marcus

4/30/01

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91247 008 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)