

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90036 009 ***150.00

A0057892



DO NOT WRITE IN THIS SPACE

DOCUMENT # N29115

1. Entity Name

OX BOTTOM MANOR COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O DAVID A. THERIAQUE, ESQ.
 837 EAST PARK AVENUE
 TALLAHASSEE FL 32301
 US

C/O DAVID A. THERIAQUE, ESQ.
 837 EAST PARK AVENUE
 TALLAHASSEE FL 32301-2620
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2948258

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THERIAQUE, DAVID A
837 EAST PARK AVENUE
TALLAHASSEE FL 32301

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	D	<input type="checkbox"/> Delete
NAME	MONZ, DAN	
STREET ADDRESS	6244 HINES HILL CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONIZ, SARAH	
STREET ADDRESS	6244 HINES HILL CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WERNKE, MICHAEL	
STREET ADDRESS	534 MEADOW RIDGE DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALLAN, BOB	
STREET ADDRESS	6138 BODERLINE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, JOHN	
STREET ADDRESS	489 MEADOW RIDGE DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAIRBANKS, JOHN	
STREET ADDRESS	6358 BELGRAND DR	
CITY-ST-ZIP	TALLAHASSEE FL	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bachtel, Dan	
STREET ADDRESS	221 Thornberg Dr.	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Butford, Lewis	
STREET ADDRESS	6295 Black Fox Way	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Halverson, Melinda	
STREET ADDRESS	6428 Mallard Trace	
CITY-ST-ZIP	Tallahassee, FL 32312	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **Sarah H Moniz** 4/29/00 413-6926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)