## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N29115 1. Entity Name OX BOTTOM MANOR COMMUNITY ASSOCIATION, INC. Principal Place of Business C/O DAVID A. THERIAQUE. ESO. 837 EAST PARK AVENUE TALLAHASSEE FL 32301 US 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country Country Name

## FILED May 12, 2001 8:00 am Secretary of State

05-12-2001 90032 020 \*\*\*\*61.25

C0062581

2. Principal F	Place of Busin	ness	3. Mailing Address	3. Mailing Address				†					
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	۔ عرصیت۔ 8		; City.& State	City.& State			-4. FEI Number 59-2948258				Applied For Not Applicable		
Zip	,	Country	Zip	Cou	ountry				\$8.75 Additional Fee Required				
	1	7. Name and Address of New Registered Agent							1				
		Name			1								
THERIAQI		Street Address (P.O. Box Number is Not Acceptable)							1				
837 EAST									1				
TALLAHA:	SSEE FL 32	2301		City					·	Zip Co	do	4	
					City				FL	.   ZipiCo	ue		
8. The above	named entity	y submits this statemer	it for the purpose of changing its	registere	ed office o	r registere	ed agent, or bo	th, in the state of Flori	ida.	•		7	
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FILE NOW: 9. Election Campaign FEE IS \$61.25 Trust Fund Contribute					, WO.		O May Be to Fees Make Check Pays to Fees Department of						
10.		OFFICERS AND	DIRECTORS	11.		A	DDITIONS/CH	ANGES TO OFFICER	S AND DIF	RECTORS	N 10	1	
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12. Lhereby c	TALLAHAS ertify that the		vith this filing does not qualify for	the ever	antion stat			i) Florida Statutae I fi	urther cort	ifu that tha	information	1	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

<u>850-668-78</u>48