

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90181 028 ****61.25

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DOCUMENT # N34912

1. Entity Name

SPENCER DRIVE-SARA LEE LANE PROPERTY OWNERS ASSO

Principal Place of Business

Mailing Address

2020 SARA LEE LANE
 TALLAHASSEE FL 32312

2020 SARA LEE LANE
 TALLAHASSEE FL 32312

C0013422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3059789

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

FOSTER, STEPHEN K.
2020 SARA LEE LANE
TALLAHASSEE FL 32312

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DEHAN, KATHY	2015 SARA LEE LANE	TALLAHASSEE FL	<input type="checkbox"/>
S	FOSTER, STEPHEN	2020 SARA LEE LN.	TALLAHASSEE FL 32312	<input type="checkbox"/>
T	MARYANSKI, LIZ	7040 SPENCER DRIVE	TALLAHASSEE FL	<input type="checkbox"/>
D	COCHRAN, ALAN	7015 SPENCER DR	TALLAHASSEE FL	<input checked="" type="checkbox"/>
D	SCHWARTZ, PAT	2009 SARA LEE LN.	TALLAHASSEE FL 32312	<input checked="" type="checkbox"/>
D	WATSON, JACK D	2012 SARA LEE LANE	TALLAHASSEE FL 32312	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	DEHAN, KATHY			<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	MORGAN, RICHARD	7030 Spencer Dr.	TALLAHASSEE, FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	CLIFF HOLLER	7024 Spencer Dr.	Tallahassee, FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	John Chason	7037 Spencer Dr.	Tallahassee, FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Nick MILLAR	2016 Sara Lee Lane	Tallahassee, FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Bill Davis	7016 Spencer Dr.	Tallahassee, FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

1-22-01

850-893-5699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)