2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90022 010 ****61.25

DOCUMENT # N94000000447

1. Entity Name

OX BOTTOM GARDENS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
431 WAVERLY ROAD TALLAHASSEE FL 32312	431 WAVERLY ROAD TALLAHASSEE FL 32312-2856

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3220292 — 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
ISAACS, DAN L 431 WAVERLY ROAD 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] 4/29/2000
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	DP ☐ Delete	TITLE	VP ☒ Change ☐ Addition
NAME	REID, LISA	NAME	
STREET ADDRESS	141 LOVE RIDGE CT.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	CITY-ST-ZIP	
TITLE	DSP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, NEAL	NAME	
STREET ADDRESS	140 LOVE RIDGE DR.	STREET ADDRESS	[redacted]
CITY-ST-ZIP	TALLAHASSEE FL 32312	CITY-ST-ZIP	
TITLE	DS ☒ Delete	TITLE	TD ☐ Change ☒ Addition
NAME	TYRELL, KEN	NAME	Baggett, Brian
STREET ADDRESS	200 SUGAR PLUM DR	STREET ADDRESS	148 Love Ridge Court
CITY-ST-ZIP	TALLAHASSEE FL 32312	CITY-ST-ZIP	Tallahassee, Florida 32312
TITLE	DT ☒ Delete	TITLE	SD ☐ Change ☒ Addition
NAME	KYNDRAT, CONNIE	NAME	Duncan, Victor
STREET ADDRESS	6009 LOVE RIDGE DR.	STREET ADDRESS	136 Sugar Plum
CITY-ST-ZIP	TALLAHASSEE FL 32312	CITY-ST-ZIP	Tallahassee, Florida 32312
TITLE	DVP ☒ Delete	TITLE	CD ☐ Change ☒ Addition
NAME	WILEY, GARY	NAME	~~Reid~~, Tyrrell, Sharon
STREET ADDRESS	148 LOVE RIDGE CT.	STREET ADDRESS	200 Sugar Plum Drive
CITY-ST-ZIP	TALLAHASSEE FL 32312	CITY-ST-ZIP	Tallahassee, Florida 32312
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

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 [signature] 5/1/00 668-6822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #