

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90069 001 \*\*\*\*61.25

**DOCUMENT # N94000003900**

1. Entity Name

**ASHLEY PLACE HOME OWNERS ASSOCIATION INC.**

Principal Place of Business

Mailing Address

6265 BLACKFOX WAY  
 TALLAHASSEE FL 32312  
 US

6265 BLACKFOX WAY  
 TALLAHASSEE FL 32312-4505  
 US

2. Principal Place of Business

3. Mailing Address

*6265 Blackfox way*  
 Suite, Apt. #, etc.

*6265 Blackfox way*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
*Tall. FL.*

City & State  
*Tallahassee, FL.*

4. FEI Number  
**59-3264079**

Applied For  
 Not Applicable

Zip  
*32312*

Country  
*USA*

Zip  
*32312*

Country  
*USA*

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

~~XANDERS, BETH EL  
 6265 BLACKFOX WAY  
 TALLAHASSEE FL 32312~~

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*SAME*  
 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	DT	<input type="checkbox"/> Delete
NAME	XANDERS, GREGORY A.	
STREET ADDRESS	6265 BLACKFOX WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOVINGOOD, SANFORD	
STREET ADDRESS	4117 ALPINE WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	XANDERS, BETH EL	
STREET ADDRESS	6265 BLACKFOX	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-6-200*

Date

*668-9978*

Daytime Phone #