

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000795

1. Entity Name

HARTSFIELD-COX CONDOMINIUM ASSOCIATION, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90332 037 ****61.25

Principal Place of Business

Mailing Address

1656 METROPOLITAN CIR.
TALLAHASSEE FL 32308

1656 METROPOLITAN CIR.
TALLAHASSEE FL 32308-3731

2. Principal Place of Business

3. Mailing Address

1660 METROPOLITAN CIRCLE 1660 METROPOLITAN CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number
59-3663157

Applied For
Not Applicable

Zip
32308

Country
LEON

Zip
32308

Country
LEON

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

COX, J. ALAN
1660 METROPOLITAN CIR.
TALLAHASSEE FL 32308-3731

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 PD. ☒ Delete
NAME CAMP, ROBERT C
STREET ADDRESS 1744 TARPON DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE President / D ☐ Change ☒ Addition
NAME James D. Hartsfield
STREET ADDRESS 1656 METROPOLITAN CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE STD ☒ Delete
NAME BENNETT, JIM
STREET ADDRESS 3402 APALACHEE PKWY.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE V-President / SD ☐ Change ☒ Addition
NAME J. ALAN COX
STREET ADDRESS 1660 METROPOLITAN CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☒ Delete
NAME CAMP, SPURGEON
STREET ADDRESS 2307 ELLICOTT DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE Treasurer ☐ Change ☒ Addition
NAME JOHN W. HARTSFIELD
STREET ADDRESS 1656 METROPOLITAN CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000 850/298-4444
Date Daytime Phone #

CR2E037 (9/99)