

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90090 010 \*\*\*\*70.00

**DOCUMENT # N99000006755**

1. Entity Name

**HERRING PLACE OF TALLAHASSEE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1960 CARP LN  
TALLAHASSEE FL 32302**

**1960 CARP LN  
TALLAHASSEE FL 32302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

**LAMBERT, KEN  
1960 CARP LN  
TALLAHASSEE FL 32302**

Name **Patrick L. Robinson**

Street Address (P.O. Box Number is Not Acceptable) **333 North Main Avenue**

City **Monticello** FL Zip Code **32344**

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

*Patrick L. Robinson*

**4-26-02**

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 **D** ☐ Delete  
NAME **GREEN, HAROLD "BUD"**  
STREET ADDRESS **4411 KENSINGTON RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **D** ☒ Delete  
NAME **JACKSON, BARBARA J**  
STREET ADDRESS **1984 CARP LN.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition  
NAME **Janice W. Jones**  
STREET ADDRESS **1745 Baywind Court**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **D** ☐ Delete  
NAME **HARRIS, WYOMIA**  
STREET ADDRESS **1956 CARP LN.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **D** ☒ Delete  
NAME **MCCARTHY, CRAIG**  
STREET ADDRESS **2802 SAIL CT.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **D** ☐ Delete  
NAME **WHITLOW, MAJOR**  
STREET ADDRESS **3012 THOMAS RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE **P** ☒ Delete  
NAME **LAMBERT, KEN**  
STREET ADDRESS **1960 CARP LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **President** ☐ Change ☒ Addition  
NAME **Patrick L. Robinson**  
STREET ADDRESS **333 N. Main Avenue**  
CITY-ST-ZIP **Monticello, FL 32344**

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 of Patrick L. Robinson*

**4-26-02**

CR2E037 (9/01)