

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726291

1. Entity Name

FARM VIEW ESTATES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~7107 CALICO CIR~~
TALLAHASSEE FL 32303
US

~~7107 CALICO CIR~~
TALLAHASSEE FL 32303-8235
US

2. Principal Place of Business

3. Mailing Address

5052 Valley Farm Rd
Suite, Apt. #, etc.

5052 Valley Farm Rd
Suite, Apt. #, etc.

TALLAHASSEE, FL
City & State

TALLAHASSEE, FL
City & State

32303 USA
Zip Country

32303 USA
Zip Country

4. FEI Number

59-1728841

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

~~BARRICK, DAVID~~
~~7107 CALICO CIR~~
TALLAHASSEE FL 32303

Name Jo Ann Bone
Street Address (P.O. Box Number is Not Acceptable)

5052 Valley Farm Rd
City TALLAHASSEE FL Zip Code 32303

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

X Jo Ann Bone

4-17-00

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 TD
NAME BARRICK, DAVID
STREET ADDRESS 7107 CALICO CIR
CITY-ST-ZIP TALLAHASSEE FL ☒ Delete

TITLE D
NAME Debra HULTS
STREET ADDRESS 5093 Red Fox Run
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☒ Change ☐ Addition

TITLE PD
NAME SMELTZER, LINDA
STREET ADDRESS 5037 RED FOX RUN
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ Delete

TITLE D
NAME KIRT ARMANTROUT
STREET ADDRESS 5113 Red Fox Run
CITY-ST-ZIP TLH, FL 32303 ☒ Change ☐ Addition

TITLE SD
NAME LENITA, JOE
STREET ADDRESS 5105 RED FOX RUN
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ Delete

TITLE D
NAME Mary Lewis
STREET ADDRESS 7682 CALICO CIRCLE
CITY-ST-ZIP TLH, FL 32303 ☒ Change ☐ Addition

TITLE SD
NAME HOBACK, JAMIE
STREET ADDRESS 5038 RED FOX RUN
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ Delete

TITLE D
NAME Jo Ann Bone
STREET ADDRESS 5052 Valley Farm Rd
CITY-ST-ZIP TLH, FL 32303 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

X Jo Ann Bone

4-17-00

850-562-7168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)