NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO3000000267

1. Entity Name

Tally Hills Estates Subdivision, Inc.



FILED Jan 21, 2004 8:00 am Secretary of State 01-21-2004 90011 018 ****70.00

	DO NOT WRITE	44003413					
	lace of Business	3. Mailing Address					
3079 N. Jefferson Street		P.O. Box 530					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	·	Applied For	
Monticello, FL 32344		Monticello, FL 32345				x Not Applicable	
Zip ===	Country	Zíp <u>-</u>	Country	5. Certificate of State	us Desired	8.75 Additional ee Required	
				7. Name and Address of Current Registered Agent			
DO NOT WOITE			Name Steve	Steve_Andris			
• • • • • • • • • • • • • • • • • • •	DO-NOT-W	KHE	Street Address	(P.O. Box Number is No	P.O. Box Number is Not Acceptable) Jefferson Street		
	IN THIS SP	ACF	3079	M. Jefferson	btreet		
			City	.		7 in Code	
			City	cello	FL	Zip Code 32344	
	named entity submits this statement for	the purpose of changing	its registered office or registe	ered agent, or both, in the	e state of Florida. I am fa	miliar with, and accept	
trie doligat	ions of registered agent.					ł	
	X X	/ /	,			İ	
SIGNATURE .	Signature, typed or printed name of registered agent i	<u>esident</u>	01/19/04				
e Mee ee ee	Signature, typed or primed frame or registered agent i	and title if applicable.	NOTE: Registered Agent signature require	d when reinstating)	DATE		
	FEE IS \$61.25	9. Election	Campaign Financing	\$5.00 May Be	Make Check	Payable to	
	Initial or Amended UBR	Trust Fur	nd Contribution.	Added to Fees	Floride Depart	ment of State	
10.	OFFICERS AND DIE	DECTORS.			e grand profit of the	antigoria suo anni en en esta en la co	
TITLE	DP	iECTOna	ITILE				
NAME	Steve Andris		NAME				
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TITLE	DST		TITLE				
NAME	Don Joiner		NAME				
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NAME	Steve C. Walker III		NAME				
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5/11-51-2IF			WIT SILLY				

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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other large empowered.

SIGNATURE:

Steve Andris, President

01/19/04 850-997-2561