# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 29, 2001 8:00 am**
**Secretary of State**
01-29-2001 90159 014 ****61.25

DOCUMENT # 743570

1. Entity Name

WOODRUN HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8804 PEMBROKE CT<br>TALLAHASSEE FL 32311<br>US | 8436 OLDE POST RD<br>TALLAHASSEE FL 32311<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8213 Bristol Ct | 8213 Bristol Ct |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tall FL | City & State: Tall FL |
| Zip: 32311 Country: US | Zip: 32311 Country: US |

4. FEI Number: 59-3577289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LOTT, JOHN
8436 OLDE POST RD
TALLAHASSEE FL 32311

**7. Name and Address of New Registered Agent**

Name: Patricia Hood
Street Address (P.O. Box Number is Not Acceptable): 8213 Bristol Ct
City: Tallahassee FL Zip Code: 32311

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: PATRICIA HOOD Patricia Hood TREASURER 1-20-2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CHBAT, MICHAEL<br>8804 PEMBROKE CT<br>TALLAHASSEE FL 32311 | ☒ Delete | PD<br>Allen Joseph<br>2324 Windermere Rd.<br>Tall FL 32311 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>CHBAT, CHERYL<br>8804 PEMBROKE CT<br>TALLAHASSEE FL 32311 | ☒ Delete | VPD<br>Jamie Pett<br>8821 Pembroke Ct. N.<br>Tallahassee FL 32311 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LOTT, JOHN<br>8436 OLDE POST RD<br>TALLAHASSEE FL 32311 | ☒ Delete | T<br>HOOD, PATTY<br>8213 BRISTOL CT<br>TALLA. FL 32311 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Patricia Hood PATRICIA Hood 1-20-2001 850 878-1889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #