## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jan 29, 2001 8:00 am **DOCUMENT # 743570 Secretary of State** 1. Entity Name WOODRUN HOMEOWNERS' ASSOCIATION, INC. 01-29-2001 90159 014 \*\*\*\*61.25 Principal Place of Business Mailing Address 8804 PEMBROKE CT 8436 OLDE POST RD DIIVOV TALLAHASSEE FL 32311 TALLAHASSEE FL 32311 2. Principal Place of Rusiness 8213 Bristol 3. Mailing Address 8213 Bristol C+ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number FL59-3577289 Tall Tall Not Applicable Country US Zip \$8.75 Additional 5. Certificate of Status Desired 32311 323 // Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Hood Street Address (P.O. Box Nymber is Not Acceptable) LOTT, JOHN 8436 OLDE POST RD TALLAHASSEE FL 32311 Tallahassez 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. 10.2001 REASUNEA SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE TITLE ☐ Addition Delete 🎾 NAME CHBAT, MICHAEL NAME Allen Joseph STREET ADDRESS 8804 PEMBROKE CT STREET ADDRESS 2324 Windermerc Ad. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 Tall FL **VPD** VPD Change Delete TITLE ☐ Addition TITLE Janue Pett CHBAT, CHERYL NAME NAME 8821 Pembroke Ct. N. STREET ADDRESS STREET ADDRESS 8804 PEMBROKE CT CITY-ST-ZIP Tallahassez FL.32311 CITY-ST-ZIP TALLAHASSEE FL-32311 TD Delete TITLE Change ☐ Addition TITLE NAME LOTT, JOHN HOOD, PATTY NAME STREET ADDRESS STREET ADDRESS 8436 OLDE POST RD 8213 BRISTOL CT CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 TALLA, FL 3231/ Addition TITI F TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.