

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743838

1. Entity Name

TREEHOUSE SUBDIVISION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

327 FT. PICKENS RD.
PENSACOLA FL 32561
US

372 FT PICKENS RD
PENSACOLA FL 32561-2012
US

2. Principal Place of Business

372 FT. Pickens Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Zip

32561

Country

USA

Country

4. FEI Number

59-1874196

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEIRCE, FRANK H.
327 FT. PICKENS RD.
PENSACOLA BCH FL 32561

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

TITLE P ☐ Delete

NAME PEIRCE, FRANK H.
STREET ADDRESS 372 FT. PICKENS ROAD
CITY-ST-ZIP PENSACOLA BEACH FL

TITLE ST ☐ Delete

NAME PEIRCE, SHARON
STREET ADDRESS 372 FT. PICKENS ROAD
CITY-ST-ZIP PENSACOLA BEACH FL

TITLE V ☐ Delete

NAME KIRK, CAROLYN
STREET ADDRESS 378 FT. PICKENS RD.
CITY-ST-ZIP PENSACOLA BCH FL

TITLE D ☐ Delete

NAME PERRY, CLAIRE
STREET ADDRESS 5403 ADMIRAL DOYLE RD.
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete

NAME ALLEN, TOM
STREET ADDRESS 382 FT PICKENS ROAD
CITY-ST-ZIP PENSACOLA BEACH FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 2000 856 932-495

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90008 028 ****61.25

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DO NOT WRITE IN THIS SPACE