

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90012 006 ****61.25

DOCUMENT # 758755

1. Entity Name

BAYOU LANE ESTATES HOMEOWNERS ASSOCIATION, INC.

(LA)

Principal Place of Business

**3280 BAYOU LANE
PENSACOLA FL 32503
US**

Mailing Address

**3280 BAYOU LANE
PENSACOLA FL 32503
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SADLER, THOMAS C
3280 BAYOU LANE
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name

W. LEO CHORON, JR.

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

3224 BAYOU LANE

City

PENSACOLA

FL

Zip Code

32503

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

W. Leo Choron Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/08/01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 **SD** ☐ Delete
NAME **CHORON, WILLIAM LEO JR**
STREET ADDRESS **3830 N. 11TH AVE.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **DT** ☐ Delete
NAME **SADLER, THOMAS C**
STREET ADDRESS **3280 BAYOU LANE**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **DP** ☐ Delete
NAME **SCHRAISHUH, CHARLES R**
STREET ADDRESS **3200 BAYOU LANE**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

W. Leo Choron Jr. **REQUIRED**

CR2E037 (5/01)