

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759848

1. Entity Name

BLAIRSTONE FOREST HOMEOWNERS ASSOCIATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90149 023 ****61.25

Principal Place of Business

Mailing Address

1708 BEECHWOOD CIRCLE, S
TALLAHASSEE FL 32301
US

1708 BEECHWOOD CIRCLE, S
TALLAHASSEE FL 32301
US

2. Principal Place of Business

KRM Management

3. Mailing Address

KRM Management

Suite, Apt. #, etc.

Suite, Apt. #, etc.

431 Waverly Rd.

431 Waverly Rd.

City & State

City & State

Tallahassee, Florida

Tallahassee, Florida

Zip

Country

Zip

Country

32312

USA

32312

USA

4. FEI Number

59-2129020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISAACS, DAN L
431 WAVERLY RD
TALLAHASSEE FL 32308

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME TOMPKINS, ALICE
STREET ADDRESS 2788 BEECHWOOD KNOLL
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☒ Delete
NAME PD
BRADLEY, CATHERINE
STREET ADDRESS 1704 BEECHWOOD CIR N
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☒ Delete
NAME D
HAIGHT, ANN MARIE
STREET ADDRESS 1723 BEECHWOOD CIR S
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME D
NISELY, PHILLIP
STREET ADDRESS 1708 BEECHWOOD CIR
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Lindsay, Heather
STREET ADDRESS 2780 Beechwood Knoll
CITY-ST-ZIP Tallahassee, Florida 32301

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

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

TITLE ☒ Change ☐ Addition
NAME PD
Wisley, Phillip
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 487-2333