

## 2000 UNIFORM BUSINESS REPORT (UBR)

5/8

DOCUMENT # 763577

1. Entity Name

THE PLANTATION OF TALLAHASSEE CONDOMINIUM ASSOC

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90206 041 \*\*\*\*61.25

Principal Place of Business

2203 WEST PENSACOLA ST  
TALLAHASSEE FL 32304

Mailing Address

2203 WEST PENSACOLA ST  
TALLAHASSEE FL 32304-3162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2331877

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

VICK, THOMAS  
 1391 TIMBERLANE RD  
 TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name J. K. Allen

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

2203 W. Pensacola St. E-8City Tallahassee

FL

Zip Code 32304

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

24 APR 2000

**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	S/D	<input checked="" type="checkbox"/> Delete
NAME	PARWEZ, ALAM	
STREET ADDRESS	1740 SILVERWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	VICK, THOMAS	
STREET ADDRESS	PO BOX 13905	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	<del>TD Director</del>	<input type="checkbox"/> Delete
NAME	<del>HILDEBRAND, RON</del>	
STREET ADDRESS	<del>2608 VASSAR RD</del>	
CITY-ST-ZIP	<del>TALLAHASSEE FL 32308</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. K. Allen	
STREET ADDRESS	2203 W. Pensacola St E-8	
CITY-ST-ZIP	Tallahassee FL 32304	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doretta Dover	
STREET ADDRESS	2203 W. Pensacola St H-4	
CITY-ST-ZIP	Tallahassee FL 32304	
TITLE	Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jon Hinkle	
STREET ADDRESS	2203 W Pensacola St G-3	
CITY-ST-ZIP	Tallahassee FL 32304	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Smith	
STREET ADDRESS	2203 W. Pensacola St E-5	
CITY-ST-ZIP	Tallahassee FL 32304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 (850) 575-9743

CR2E037 (9/99)