

2001 UNIFORM BUSINESS REPORT (UBR)

0027039

DOCUMENT # G78406

1. Entity Name

THE LOMA FARMS ROADOWNERS MAINTENANCE ASSOCIATIO

FILED

01 MAY -1 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3827 LOMA FARM RD
TALLAHASSEE FL 32308
US

Mailing Address

3827 LOMA FARM RD
TALLAHASSEE FL 32308
US

2. Principal Place of Business

3579 LOMA FARM RD

Suite, Apt. #, etc.

TALLAHASSEE, FL

City & State

3. Mailing Address

3579 LOMA FARM RD

Suite, Apt. #, etc.

TALLAHASSEE, FL

City & State

Zip

32308

Country

LEON

Zip

32308

Country

LEON



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2563964

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHLESINGER, CLYDE P.
3610 LOMA FARM ROAD
TALLAHASSEE FL 32308

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME R
STREET ADDRESS KIMBRO, BOB
CITY-ST-ZIP 3700 LOMA FARM RD
TALLAHASSEE FL

TITLE ☐ Delete
NAME VP
STREET ADDRESS MORRIS, TERESA
CITY-ST-ZIP 3676 LOMA FARM RD
TALLAHASSEE FL

TITLE ☐ Delete
NAME T
STREET ADDRESS ALAMON, JUDITH
CITY-ST-ZIP 3827 LOMA FARM RD
TALLAHASSEE FL

TITLE ☐ Delete
NAME S
STREET ADDRESS REEDER, C R
CITY-ST-ZIP 3648 LOMA FARM RD
TALLAHASSEE FL

TITLE ☐ Delete
NAME ~~TREASURER~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS TEDDY F. PAYNE
CITY-ST-ZIP 3579 LOMA FARM RD
TALLAHASSEE, FL 32308

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

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS 200004194722--5
CITY-ST-ZIP -05/11/01--01006--025
****150.00 ****150.00

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

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

TITLE ☐ Change ☐ Addition
NAME B. PAYNE
STREET ADDRESS MAY 2 - 2001
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Teddy F. Payne* TREASURER
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01 850-410-7165
Date Daytime Phone #

CR2E034 (10/00)