

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G78406**

1. Entity Name

THE LOMA FARMS ROADOWNERS MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

**3579 LOMA FARM RD
TALLAHASSEE FL 32308
US**

Mailing Address

**3579 LOMA FARM RD
TALLAHASSEE FL 32308
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32309

32309

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 **TEDDY F. PAYNE**
Street Address (P.O. Box Number is Not Acceptable)
3579 LOMA FARM ROAD
City **TALLAHASSEE** FL Zip Code **32309**

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 **TEDDY F. PAYNE TREASURER** *[Signature]* DATE **4/30/02**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	MORRIS, TERESA	
STREET ADDRESS	3676 LOMA FARM RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308 9	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ALAMON, JUDITH	
STREET ADDRESS	3827 LOMA FARM RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308 9	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REEDER, C R	
STREET ADDRESS	3648 LOMA FARM RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308 9	
TITLE	S	<input type="checkbox"/> Delete
NAME	REEDER, C R	
STREET ADDRESS	3648 LOMA FARM RD	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAYNE, TEDDY F	
STREET ADDRESS	3579 LOMA FARM RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308 9	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL CRAWFORD	
STREET ADDRESS	3513 LOMA FARM RD	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	500005451723-0	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-05/06/02--01006--024	
STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP		
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		

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** *[Signature]* **TREASURER** DATE **4/30/02** DAYTIME PHONE # **850-410-7165**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

02 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR02034 (9/01)