

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

0000892

DOCUMENT # N00000007587~

1. Entity Name

CAPITAL HILLS NEIGHBORHOOD ASSOCIATION, INC., OF

03-27-2001 90014 007 ****61.25

Principal Place of Business

Mailing Address

C/O MARY ANNE HELTON
 1204 HAWTHORNE ST
 TALLAHASSEE FL 32308

C/O MARY ANNE HELTON
 1204 HAWTHORNE ST
 TALLAHASSEE FL 32308

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

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

ANNE HELTON, MARY
 C/O MARY ANNE HELTON
 1204 HAWTHORNE ST
 TALLAHASSEE FL 32308

→ correction → Mary Anne Helton

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

Mary Anne Helton *Mary Anne Helton 1st Vice President 3/23/01*

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P.
 MCCARTHY, LINDA
 1116 SPOTTSWOOD DR
 TALLAHASSEE FL 32308 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 1STV
 ANNE HELTON, MARY
 1204 HAWTHORNE ST
 TALLAHASSEE FL 32308 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Mary Anne Helton ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 2NDV
 HENSHAW, VICTOR
 941 SPOTTSWOOD DR
 TALLAHASSEE FL 32308 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 SULLIVAN-HACKLEY, LAURA
 936 SPOTTSWOOD DR
 TALLAHASSEE FL 32308 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 T
 HENSHAW, LINDA
 941 SPOTTSWOOD DR
 TALLAHASSEE FL 32308 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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: *Mary Anne Helton 1st Vice President, Mary Anne Helton 3/23/01 (850) 483-6096*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)