

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90410 012 ****61.25

DOCUMENT # N00485

1. Entity Name

NORTHSHIRE DEVELOPMENT PROPERTY OWNERS ASSOCIATI

Principal Place of Business

**3491-11 THOMASVILLE RD STE 153
TALLAHASSEE FL 32308**

Mailing Address

**3491-11 THOMASVILLE RD STE 153
TALLAHASSEE FL 32308**

00029639



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2650461

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DAVIS, WILLIAM
6075 WESSIX CT
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 NAME STREET ADDRESS CITY-ST-ZIP	D AMOS, STEVE 6082 WESSIX CT TALLAHASSEE FL 32308 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAM DAVIS 6075 WESSEX COURT TALLAHASSEE FL 32308 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, THOMAS 6120 PICKWICK RD TALLAHASSEE FL 32308 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALPINI, JOHN 8064 TENNYSON DR TALLAHASSEE FL 32308 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MEL YODER 6160 PICKWICK RD TALLAHASSEE FL 32308 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

(850)893-0127

Date

Daytime Phone #

CR2E037 (10/00)