

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000002696

1. Entity Name

NOVEY INDUSTRIAL PARK PHASE II OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

851 E. PARK AVE.
TALLAHASSEE FL 32301

851 E. PARK AVE.
TALLAHASSEE FL 32301

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

02-0566880

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

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 file 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	NOVEY, JEROME M	<input type="checkbox"/> Delete
NAME	851 E. PARK AVE.	
STREET ADDRESS	TALLAHASSEE FL 32301	
CITY-ST-ZIP		
TITLE	NOVEY, LARRY	<input type="checkbox"/> Delete
NAME	1038 HOLLAND DR.	
STREET ADDRESS	TALLAHASSEE FL 32301	
CITY-ST-ZIP		
TITLE	NOVEY, RUBEN	<input type="checkbox"/> Delete
NAME	1101 SEMINOLE DR.	
STREET ADDRESS	TALLAHASSEE FL 32301	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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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

1/14/02
Date

850/224-2000
Daytime Phone #

FILED
Apr 28, 2002 8:00 am
Secretary of State

01-30-2002 90052 040 ****61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)