

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002118

DOCUMENT # N01000006333

1. Entity Name

MABRY OAKS HOMEOWNERS ASSOCIATION, INC.



FILED

03 SEP 29 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2921 ROBERTS AVE.
TALLAHASSEE FL 32310

Mailing Address

2921 ROBERTS AVE.
TALLAHASSEE FL 32310

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 59-2252756

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

~~MANAUSA, DANIEL E~~

~~3520 THOMASVILLE RD., 4TH FL
TALLAHASSEE FL 32309~~

Name

Tommy L. Mills

Street Address (P.O. Box Number is Not Acceptable)

6795 Quail Valley Rd

City

Tallahassee

FL

Zip Code

32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tommy L. Mills
Signature, typed or printed name of registered agent and title if applicable.

Board President
(NOTE: Registered Agent signature required when reinstating)

7/19/03
DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TANKERSLEY, NANCY
2810 ROBERTS AVE.
TALLAHASSEE FL 32310

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Randall Webster-D
PO Box 1841
Tallahassee, FL 32302

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STONE, BILL
2810 ROBERTS AVE.
TALLAHASSEE FL 32310

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CUMMINGS, RON
2810 ROBERTS AVE.
TALLAHASSEE FL 32310

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Tommy L. Mills-D
6795 Quail Valley Rd
Tallahassee, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Tommy L. Mills* *7/19/03* *850-574-2288*

CR2037 (4/03)