

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90100 001 \*\*\*\*61.25

**DOCUMENT # N02000001132**

1. Entity Name

**LOTTIE FARMS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**RT 10 BOX 844  
LAKE CITY FL 32055**

**RT 10 BOX 844  
LAKE CITY FL 32055**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**43-1949890**

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

**BULLARD, AUDREY S  
RT 10 BOX 844  
LAKE CITY FL 32055**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D BULLARD, AUDREY S**  
STREET ADDRESS **RT 10 BOX 844**  
CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE ☐ Delete  
NAME **D BULLARD, ELIZABETH A**  
STREET ADDRESS **RT 10 BOX 844**  
CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE ☐ Delete  
NAME **D BULLARD, CHRIS A**  
STREET ADDRESS **RT 10 BOX 844**  
CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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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 of the corporation or the receiver or trustee empowered to execute this report, changed, or on an attachment with an address, with all other like empow

**Audrey S. Bullard  
P.O. Box 1733  
Lake City, FL 32056**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/03**

**386-758-4050**

CR2E037 (10/02)