

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02325

1. Entity Name

LAFAYETTE ACRES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

09-19-2001 90125 017 \*\*\*\*61.25

Principal Place of Business

6527 CHEVY WAY  
TALLAHASSEE FL 32311  
US 32317

Mailing Address

6527 CHEVY WAY  
TALLAHASSEE FL 32311  
US 32317



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 59-2439045

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

DEW, JOHN D  
6527 CHEVY WAY  
TALLAHASSEE FL 32311

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  
After September 12, 2001, min. will be \$236.25

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 D  
NAME PACE, BILL  
STREET ADDRESS 6566 CHEVY WAY  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE T  
NAME HAJOS, V.L.  
STREET ADDRESS 6490 CHEVY WAY  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE SD  
NAME BATEMAN, MICHAEL  
STREET ADDRESS 6937 HANGING VINE WAY  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE PD  
NAME DEW, JOHN D  
STREET ADDRESS 6527 CHEVY WAY  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 or without other like empowered.

SIGNATURE: SIGNATURE REQUIRED

9/12/2001 850 212 9640

CR2E037 (5/01)