

2001 UNIFORM BUSINESS REPORT (UBR) *Amended*

APPROVED
AND
FILED

01 MAR 16 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO8362**

1. Entity Name

Boxwood Estates Homeowners Association, Inc.

Principal Place of Business

Mailing Address

5135 Boxwood Ln Tallahassee FL 32303 US
PO Box 180278 Tallahassee FL 32318 2803

2. Principal Place of Business

3. Mailing Address

Charles J. Wright
5135 Boxwood Ln

PO Box 180278
Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL **Tallahassee FL**

Zip

Country

Zip

Country

32303 **Leon US** **32318** **US**

4. FEI Number

Applied For

59-3044177

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Keene Johnson
5098 Boxwood Ln
Tallahassee FL 32303

Name **Charles J. Wright**
Street Address (P.O. Box Number is Not Acceptable)

5135 Boxwood Ln
City **Tallahassee** FL Zip Code **32303**

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 **Charles J. Wright President Charles J. Wright 3/16/2001**
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	PD	<input checked="" type="checkbox"/> Delete
NAME	Keene Johnson M.	
STREET ADDRESS	5098 Boxwood Ln	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	DORTHY BUKU	
STREET ADDRESS	4978 Moore Round Rd	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	STO	<input checked="" type="checkbox"/> Delete
NAME	DAVID PETERS	
STREET ADDRESS	5079 Meadow Lark Ln	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles J. Wright	
STREET ADDRESS	5135 Boxwood Ln	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	Earl T. Cooper VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	5151 Boxwood Ln	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	STO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Seyere	
STREET ADDRESS	5057 Boxwood Ct	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **Charles J. Wright** **Charles J. Wright** **3/16/2001**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)