

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11196

1. Entity Name

CLIFFORD HILL TOWNHOMES ASSOCIATION, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90015 030 ****61.25

Principal Place of Business

Mailing Address

%PATRICK K. HODGES
1581 CLIFFORD HILL ROAD
TALLAHASSEE FL 32308

%PATRICK K. HODGES
1581 CLIFFORD HILL ROAD
TALLAHASSEE FL 32308-5635

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

HODGES, PATRICK K.
1581 CLIFFORD HILL ROAD
TALLAHASSEE FL 32308

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HODGES, PATRICK K.
1581 CLIFFORD HILL ROAD
TALLAHASSEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
KILLEBRW, EDWARD B.
1565 CLIFFORD HILL RD.
TALLAHASSEE FL

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NAME
STREET ADDRESS
CITY - ST - ZIP

SD
DANIELS, NANCY A.
1555 CLIFFORD HILL RD.
TALLAHASSEE FL

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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 another like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/2000