## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N13725** 1. Entity Name

## LAKE LAFAYETTE LANDOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7740 DEEPWOOD TR %NORMAN H. HORTON. JR. TALLAHASSEE FL 32311

7740 DEEPWOOD TR %NORMAN H. HORTON. JR. TALLAHASSEE FL 32311

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

## FILED May 17, 2001 8:00 am Secretary of State

05-17-2001 91295 008 \*\*\*\*61.25

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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEt Nur	4. FEI Number 59-2941935			oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certific	ate of Status Desired		<b>8.75</b> Addee Require		
	6. Name and Address of Current R	egistered Agent		7. Name a	and Address of New Regis	stered A	gent		
			Name						
HORTON, NORMAN H. JR. 215 S MONROE SUITE 701 TALLAHASSEE FL 32302				Street Address (P.O. Box Number is Not Acceptable)					
						FL	Zip Cod	e	
8. The above	named entity submits this statement for statement statement for statement statement for statement fo			registered agent, or		DATE			
	FILE NOW: FEE IS \$61.25	9. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees	Depar	tment o	ayable to		
10.	OFFICERS AND DIRE	11.	ADDITIONS/	CHANGES TO OFFICERS A	AND DIRE	CTORS IN	10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORTON, NORMAN H. JR. 7740 DEEPWOOD TRAIL TALLAHASSEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWS, SUZANNE 7758 DEEPWOOD TRAIL TALLAHASSEE FL	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		and the second		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWS, NEIL 7758 DEEPWOOD TRAIL TALLAHASSEE FL	□ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			l	□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,∵ □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	Addition	

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:**