

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17158

1. Entity Name

VILLAGE GREEN OF TALLAHASSEE PROPERTY OWNERS' AS

**FILED**  
Feb 02, 2000 8:00 am  
Secretary of State

02-02-2000 90114 019 \*\*\*\*61.25

Principal Place of Business

1144 E TENNESSEE ST  
TALLAHASSEE FL 32308  
US

Mailing Address

1144 E TENNESSEE ST  
TALLAHASSEE FL 32308-6912  
US

2. Principal Place of Business

1962-B Village Gr Way  
Suite, Apt. #, etc.

3. Mailing Address

1962-B Village Gr Way  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-2894055

Applied For

Not Applicable

Zip

32308

Country

US

Zip

32308

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, KEVIN M.  
1144 E TENNESSEE ST  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

ROBERT GAFF

Street Address (P.O. Box Number is Not Acceptable)

1962-B Village Gr Way

City

Tallahassee FL

FL

Zip Code

32308

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BASS, R.E.	
STREET ADDRESS	1144 E TENNESSEE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, KEVIN M.	
STREET ADDRESS	1144 E TENNESSEE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARION, FOGLER	
STREET ADDRESS	1144 E TENNESSEE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT GAFF	
STREET ADDRESS	1962 Village Green Way	
CITY-ST-ZIP	Tallahassee 32308	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)