

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90031 017 \*\*\*61.25

**DOCUMENT # N22802**

1. Entity Name

**VISALIA PLACE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

REDINGTON, JASSAMINE  
 6757 VISALIA PL  
 TALLAHASSEE FL 32311  
 US

REDINGTON, JASSAMINE  
 6757 VISALIA PL  
 TALLAHASSEE FL 32311  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6201905**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**DETSCHER, PATRICK**  
**6717 VISALIA PL**  
**TALLAHASSEE FL 32311**  
**32317**

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 ☐ Delete

NAME **VPD**  
**DETSCHER, PATRICK**  
 STREET ADDRESS **6717 VISALIA PL**  
 CITY-ST-ZIP **TALLAHASSEE FL 32311**  
**32317**

TITLE ☐ Delete

NAME **STD**  
**REDINGTON, JASSAMINE B**  
 STREET ADDRESS **6757 VISALIA PL**  
 CITY-ST-ZIP **TALLAHASSEE FL 32311**  
**32317**

TITLE ☐ Delete

NAME **VPD**  
**HARRIS, MEENA**  
 STREET ADDRESS **5748 VISALIA PL**  
 CITY-ST-ZIP **TALLAHASSEE FL 32311**  
**32317**

TITLE ☐ Delete

NAME **VPD**  
**DAVID RICHARD**  
 STREET ADDRESS **1025 WALDEN RD.**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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NAME  
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TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-02**

Date

**850/942-1722**

Daytime Phone #

CR2E037 (9/01)