

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N26834**

1. Entity Name

**BROADTREE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

6477 BROADTREE CT.  
TALLAHASSEE FL 32311  
US

Mailing Address

6477 BROADTREE CT.  
C/O RICK FELDMAN  
TALLAHASSEE FL 32311  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

THOMPSON, SUSAN S.  
3520 THOMASVILLE 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 PD  
NAME FELDMAN, RICK ☐ Delete  
STREET ADDRESS 6477 BROADTREE CT  
CITY-ST-ZIP TALLAHASSEE FL 32311TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD  
NAME BLANTON, ROBERT ☐ Delete  
STREET ADDRESS 6484 BROADTREE  
CITY-ST-ZIP TALLAHASSEE FL 32311TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE TD  
NAME RODIN, LISA ☐ Delete  
STREET ADDRESS 6478 BROADTREE CT  
CITY-ST-ZIP TALLAHASSEE FL 32311TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SD  
NAME JOHNSON, BRENDA ☐ Delete  
STREET ADDRESS 6485 BROADTREE CT  
CITY-ST-ZIP TALLAHASSEE FL 32311TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

Richard G. Feldman

Date

Daytime Phone #

4/25/01

850-681-3717

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE