

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-13-2001 90063 009 ****61.25

DOCUMENT # N29468

1. Entity Name

CAUSSEAUX ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

751 OAK RIDGE RD.
TALLAHASSEE FL 32310
US

751 OAK RIDGE RD.
TALLAHASSEE FL 32310
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2958279

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

CAUSSEAUX, WILLIAM PIERCE
751 OAK RIDGE RD.
TALLAHASSEE FL 32310

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 ☒ Delete
NAME LOVE, DOBBY
STREET ADDRESS 8721 CELIA RD
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☒ Addition
NAME P/O REED, DARYL
STREET ADDRESS 8737 CELIA RD
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE STD ☒ Delete
NAME MILLER, DONALD L
STREET ADDRESS 8720 CELIA RD
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☒ Addition
NAME LOVE, CAROLYN
STREET ADDRESS 8721 CELIA RD
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE VD ☐ Delete
NAME SHEPERD, ART
STREET ADDRESS 8736 CELIA RD
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

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

LOVE

03/12/2001

850-488-3872

Date

Daytime Phone #

CR2E037 (10/00)