

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29468

1. Entity Name

CAUSSEUX ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

751 OAK RIDGE RD.
TALLAHASSEE FL 32310
US

Mailing Address

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ASHEPHERD, ARTEMUS L.
8736 CELIA ROAD
TALLAHASSEE FL 32305 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
REED, DARYL
8787 CELIA ROAD
TALLAHASSEE FL 32310 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JACKSON, JEROME
8728 CELIA ROAD
TALLAHASSEE FL 32305 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BRUCE, ANNETTE
8729 CELIA ROAD
TALLAHASSEE FL 32305 ☒ 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
☐ 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTEMUS L. SHEPHERD

Date

Daytime Phone #

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90234 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)