

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90386 013 \*\*\*\*\*61.25

**DOCUMENT # N30503**

1. Entity Name

**OX BOTTOM UNIT 2 HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**7085 OX BOW RD  
TALLAHASSEE FL 32312**

Mailing Address

**7085 OX BOW RD  
TALLAHASSEE FL 32312  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2978167**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WESTER, GERALD C  
7085 OX BOW RD  
TALLAHASSEE FL 32312**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TATE, KERRY	
STREET ADDRESS	7072 OX BOW RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MUSIL, DOUG	
STREET ADDRESS	7084 OX BOW ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TS	<input type="checkbox"/> Delete
NAME	WESTER, GERALD	
STREET ADDRESS	7085 OX BOX RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNBAR, MARC	
STREET ADDRESS	2924 PARRISH DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HITTINGER, KATHY	
STREET ADDRESS	7120 OX BOW ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEARSON, BOB	
STREET ADDRESS	7095 OX BOW ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Musil, Doug	
STREET ADDRESS	7084 OX BOW ROAD	
CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin Padgett	
STREET ADDRESS	7322 OX BOW CIRCLE	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	T-S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	← Same	
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 REQUIRED** c Wester TSD 1/27/03 850 222 9075

CR2E037 (10/02)