

2002 UNIFORM BUSINESS REPORT (UBR)

04-15-2002 90036 017 ****70:00

N37524

DOCUMENT # N37524

1. Entity Name

OX BOTTOM ROAD AREA NEIGHBORHOOD ASSOCIATION, INC.

FILED

02 APR 30 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2485 OX BOTTOM RD.
C/O CANDY BARRIOS
TALLAHASSEE FL 32312

2485 OX BOTTOM RD.
C/O CANDY BARRIOS
TALLAHASSEE FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3000193

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

Name

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

City

FL

Zip Code

BARRIOS, CANDY
2485 OX BOTTOM ROAD
TALLAHASSEE FL 32312-3556

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 CP D
CASSEDY, MARSHALL
STREET ADDRESS 7098 CHIMNEY SWIFT
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete

NAME VCD
BARRIOS, CANDY
STREET ADDRESS 2485 OX BOTTOM RD.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☒ Delete

NAME SD
MANDEL, JEFF
STREET ADDRESS 1896 OXBOTTOM RD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete

NAME TD
KOEPEL, MARY ANN
STREET ADDRESS 7047 DARDWOOD LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

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

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

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:

CANDY BARRIOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02 850-893-2485

Date

Daytime Phone #

CR2E037 (9/01)