

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38701

1. Entity Name

MICCOSUKEE WOODS HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90106 046 \*\*\*\*70.00

Principal Place of Business

Mailing Address

9107 RAVENA ROAD  
 TALLAHASSEE FL 32308  
 US

9107 RAVENA ROAD  
 TALLAHASSEE FL 32308-1436  
 US

2. Principal Place of Business

4211 CLEARVIEW COURT

3. Mailing Address

4211 CLEARVIEW COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 TALLAHASSEE, FL

City & State  
 TALLAHASSEE, FL

4. FEI Number  
 59-3113202

Applied For  
 Not Applicable

Zip  
 32308

Country  
 USA

Zip  
 32308

Country  
 USA

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

VARNE DOE, FRANK WILLIAM  
 9187 RAVENA ROAD  
 TALLAHASSEE FL 32308

Name  
 TIMOTHY J. MOOS  
 Street Address (P.O. Box Number is Not Acceptable)  
 4211 CLEARVIEW COURT

City  
 TALLAHASSEE FL Zip Code  
 32308

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 TREASURER

1/10/99

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 VARNE DOE, FRANK W.  
 STREET ADDRESS 9187 RAVEANA RD.  
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PD  Change  Addition  
 NAME SMERLING, JEFF  
 STREET ADDRESS 9093 RAVENA RD.  
 CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VPD  Delete  
 NAME KELLOGG, TIMOTHY  
 STREET ADDRESS 9601 MICCOSUKEE ROAD, #48  
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME SMERLING, DIANE M.  
 STREET ADDRESS 9093 RAVENA RD.  
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE SD  Change  Addition  
 NAME MESSLER, THERESA C.  
 STREET ADDRESS 9171 RAVENA RD.  
 CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE TD  Delete  
 NAME MOOS, TIMOTHY J  
 STREET ADDRESS 4211 CLEARVIEW CT  
 CITY-ST-ZIP TALLAHASSEE FL 32308

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 another like empowered.

SIGNATURE: TREASURER

1/10/99

(850) 656-9196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/95)