

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

0000945

**DOCUMENT # N38701**

1. Entity Name

**MICCOSUKEE WOODS HOMEOWNERS' ASSOCIATION, INC.**

02-01-2001 90097 016 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

**4211 CLEARVIEW COURT  
 TALLAHASSEE FL 32308  
 US**

**4211 CLEARVIEW COURT  
 TALLAHASSEE FL 32308  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3113202**

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

**MOOS, TIMOTHY J**  
~~0107 RAVENA ROAD~~  
**4211 CLEARVIEW COURT  
 TALLAHASSEE FL 32308**

Name

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

**SEE CORRECTION TO LEFT**

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	<input checked="" type="checkbox"/> Delete
NAME	SMERLING, JEFF	
STREET ADDRESS	9093 RAVENA RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KELLOGG, TIMOTHY	
STREET ADDRESS	9601 MICCOSUKEE ROAD, #48	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MESSLER, THERESA C	
STREET ADDRESS	9171 RAVENA RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOOS, TIMOTHY J	
STREET ADDRESS	4211 CLEARVIEW CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GARRETT</del> JOHNSON, CAROL	
STREET ADDRESS	9144 RAVENA RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSLER, DAVID	
STREET ADDRESS	9171 RAVENA RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLUCK, LAURA	
STREET ADDRESS	9131 RAVENA RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/24/01** Daytime Phone #: **(850) 402-9000**

CR2E037 (10/00)