

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38991

1. Entity Name

NORTHBROOKE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

% DENNIS TATE
11046 WILDLIFE TRAIL
TALLAHASSEE FL 32312

Mailing Address

% DENNIS TATE
11046 WILDLIFE TRAIL
TALLAHASSEE FL 32312

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

59-3013955

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

TATE, DENNIS
11046 WILDLIFE TRAIL
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.

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
NAME TATE, DENNIS
STREET ADDRESS 11046 WILDLIFE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME GAY, WALTER
STREET ADDRESS 3347 NORTHBROOK LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME KELLY, TIM
STREET ADDRESS 3339 NORTHBROOKE LANE
CITY-ST-ZIP TALLAHASSEE FL 32308

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CITY-ST-ZIP

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☐ 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 like empowered.

SIGNATURE:

Dennis Tate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 850-893-9720

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90050 011 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)