2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40256 1. Entity Name PEDRICK PLANTATION HOMEOWNERS ASSOCIATION, INC.						FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA OI JUN 22 AM 11: 34					
C/O PAUL BROWN 5538 PEDRICK PLANTATION CIRCLE TALLAHASSEE FL 32311 C/O PAUL BROWN 5538 PEDRICK PLANTATION TALLAHASSEE FL 32311 TALLAHASSEE FL 32311				E		1 (88 1)(61	AN BIGIN BRING NOST BING GING	1 0 11 1 3111 1 31	el gibli bid	iu 8:811 (8 9 1	
2. Principal P	ace of Business	3. Mailing Address			-						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	е	City & State			4.	4. FEI Number 59-3125878 Applied For Not Applicable					
Zip	Country	Zip Cou		ntry	5. Certificate of		of Status Desired Status Desired Fee Required				
-	6. Name and Address of Current R	egistered Agent	• • •	N.E.	7.	Name and A	Address of New Registe	red Agent			
				Name							
BROWN, PAUL N				Street Add	Street Address (P.O. Box Number is Not Acceptable)						
5538 PEDRICK PLANTATION CIRCLE TALLAHASSEE FL 32311								· ·			
				City FL Zip Code)	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg FILE NOW: 9. Election Campaign Fine Trust Fund Contribution				d Agent signature	\$5.00 N Added to	Лау Ве	Make Che	eck Paya		-	
10.	OFFICERS AND DIRECTORS				ADD	ITIONS/CHA	NGES TO OFFICERS AN				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESSER, RANDOLPH 5594 PEDRICK PLANTATION CIRCLE			ET ADDRESS -ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP-	VD Delete HALE, JOHN 5531 PEDRICK PLANTATION CIR			E ET ADDRESS -ST-ZIP		Change Addition 800004,4456984 -06/28/0101043020 *****61.25 *****61.25					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Brown, Paul N. 5538 Pedrick Plantation Cir. Tallahassee Fl	Delete .							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY_ST-ZIP	SD SPAINHOW, LISA 5603 PEDRICK PLANTATION CIR TALLAHASSEE FL 32311	□ Delete					i		Change	Addition	
TITLE NAME STREET ANDRESS CITY-ST-ZIP	THE PERSON AND A STREET AND A S	☐ Delete							Change	Addition ,	
TITLE NAME Street Address City-St-Zip		☐ Delete							change SP	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.

CICALATURE.

10/20/01

(850)