

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N41552**

1. Entity Name

**Copper Creek Homeowners Association, Inc.**

Principal Place of Business

Mailing Address

**1203 Breckenridge Run  
Tallahassee, FL 32311**

**1203 Breckenridge Run  
Tallahassee, FL 32311**

2. Principal Place of Business

**1200 Copper Creek Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**1200 Copper Creek Dr.**

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

Zip

**32311-4041**

Country

**USA**

City & State

**Tallahassee, FL**

Zip

**32311-4041**

Country

**USA**

4. FEI Number

**59-3043884**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Beth Vaughn  
1203 Breckenridge Run  
Tallahassee, FL 32311**

7. Name and Address of New Registered Agent

**Name: Joan Batten  
Street Address (P.O. Box Number is Not Acceptable):  
1200 Copper Creek Dr.  
City: Tallahassee FL Zip Code: 32311-4041**

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 **Joan M. Batten** **Joan M. Batten, Treasurer** **11-7-01**  
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  
After September 12, 2001, min. will be \$236.25**

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 **P** ☒ Delete  
NAME **ELIZEE, ARLYN**  
STREET ADDRESS **1213 Breckenridge Run**  
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **T** ☒ Delete  
NAME **VAUGHN, BETH**  
STREET ADDRESS **1203 Breckenridge Run**  
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **V/P/D** ☐ Delete  
NAME **RICKER, JACKIE**  
STREET ADDRESS **1210 Breckenridge Run**  
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **P/D** ☒ Change ☐ Addition  
NAME **RICKER, JACKIE**  
STREET ADDRESS **1210 Breckenridge Run**  
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **S/D** ☐ Change ☒ Addition  
NAME **SLADE, LINDA**  
STREET ADDRESS **1203 Copper Creek Dr.**  
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **V/P/D** ☐ Change ☒ Addition  
NAME **BATTEN, JOAN**  
STREET ADDRESS **1200 Copper Creek Dr.**  
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **200004704882** ☐ Change ☐ Addition  
NAME **-12/05/01--01001--013**  
STREET ADDRESS **\*\*\*\*\*61.25**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 all other like empowered.

SIGNATURE: **Joan M. Batten** **Joan M. Batten** **11-7-01** **1671-1892**

*Amended*

**FILED**

**01 NOV -8 AM 9:44**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)