

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002163

DOCUMENT # N41552

1. Entity Name

COPPER CREEK HOMEOWNERS ASSOCIATION, INC.

FILED  
02 SEP 12 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1200 COPPER CREEK DRIVE  
TALLAHASSEE FL 32311-4041  
US

1200 COPPER CREEK DRIVE  
TALLAHASSEE FL 32311-4041  
US

2. Principal Place of Business

3. Mailing Address

Post Office Box 12712

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Tallahassee, FL

4. FEI Number

59-3043884

Applied For

Not Applicable

Zip

Country

Zip

Country

32317-2710

Leon

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

BATTEN, JOAN  
1200 COPPER CREEK DRIVE  
TALLAHASSEE FL 32311-4041

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME RICKER, JACKIE  
STREET ADDRESS 1210 BRECKENRIDGE RUN  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME SLADE, LINDA  
STREET ADDRESS 1225 COPPER CREEK DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPTD  
NAME BATTEN, JOAN  
STREET ADDRESS 1200 COPPER CREEK DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

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  
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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 Batten* RESUBMITTED

9/12/02 850-671-1892

CR2E037 (4/02)