

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43888

1. Entity Name

NATCHEZ TRACE HOMEOWNER'S ASSOCIATION, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90075 035 ****61.25

Principal Place of Business

Mailing Address

4200 NATCHEZ TRACE DR.
ST. CLOUD FL 34769

PO BOX 701313
SAINT CLOUD FL 34770-1313
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3075671

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BURNS, CHRISTINE
4005 NATCHEZ TRACE DRIVE
SAINT CLOUD FL 34769

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PD	DIXON, ROBERT	4231 NATCHEZ TRACE DR	SAINT CLOUD FL 34769	☐
VD	MITCHELL, JUDITH	4300 NATCHEZ TRACE DR	SAINT CLOUD FL 34769	☐
D	DIXON, LAURA	4231 NATCHEZ TRACE DRIVE	SAINT CLOUD FL 34769	☐
TD	BURNS, CHRISTINE	4005 NATCHEZ TRACE DR	SAINT CLOUD FL 34769	☐
D	ESSING, DONNA	4313 NATCHEZ TRACE DR	SAINT CLOUD FL 34769	☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ 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:

Christine Burnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)