

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90084 014 ****61.25

DOCUMENT # N49963

1. Entity Name

VICTORY GARDEN NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**1120 ALBRITTON DR
TALLAHASSEE FL 32301**

Mailing Address

**1120 ALBRITTON DR
TALLAHASSEE FL 32301**

2. Principal Place of Business

1118 Albritton DR.

3. Mailing Address

1118 Albritton DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

Leon

Zip

32301

Country

Leon

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HETRICK, KEITH C.
1120 ALBRITTON DR
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **Kimberly Beeman**

Street Address (P.O. Box Number is Not Acceptable)

1118 Albritton DR.

City

Tallahassee

FL

32301

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 **K.L. Beeman**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **FLETCHER, WILLIAM**
STREET ADDRESS **1115 ALBRITTON DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **PD** ☐ Delete
NAME **BEEMAN, MIKE**
STREET ADDRESS **1118 ALBRITTON DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **VD** ☐ Delete
NAME **BENEDICT, JOE**
STREET ADDRESS **1112 ALBRITTON DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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 **TD** ☐ Change ☒ Addition
NAME **Farley Maxwell**
STREET ADDRESS **1116 Albritton DR.**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **SD** ☐ Change ☒ Addition
NAME **Jamce Childs**
STREET ADDRESS **1117 Albritton DR.**
CITY-ST-ZIP **Tallahassee, FL 32301**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

1-13-03

CR2E037 (10/02)