

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50961

1. Entity Name

THE BLUFFS AT ST. GEORGE HOMEOWNERS' ASSOCIATION

Principal Place of Business

1234 TIMBERLANE RD
TALLAHASSEE FL 32312

Mailing Address

PO BOX 1837
TALLAHASSEE FL 32302-1837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3170622

Applied For

Not Applicable

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

~~JOHNSON, BEN~~
~~1234 TIMBERLANE RD~~
~~TALLAHASSEE FL 32312~~

PAM CASHIN
P.O. 1837
Tallahassee FL 32302

Name

1932 MICCOSUKEE RD

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

Tallahassee FL 32308

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
DS
BOYLE, ROBYN
283 ROSEHILL DRIVE EAST
TALLAHASSEE FL 32312 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RON MOODY
7128 OX BOX RD
Tallahassee FL 32312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ROWLAND, BRIAN
3567 LAKEVIEW DRIVE
TALLAHASSEE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTP
CASHIN, PAM
1250 LIVE OAK PLANTATION RD
TALLAHASSEE FL 32308 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

BRIAN ROWLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90172 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)