

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003861

1. Entity Name

IVANHOE WOODS HOMEOWNERS' (PROPERTY OWNERS') ASS

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90032 010 ****61.25

Principal Place of Business

Mailing Address

3726 THOMASVILLE ROAD
TALLAHASSEE FL 32312

3726 THOMASVILLE ROAD
TALLAHASSEE FL 32308-2914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-3198505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

PHIPPS, BENJAMIN K
3726 THOMASVILLE RD.
TALLAHASSEE FL 32312

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	PHIPPS, BENJAMIN K	3726 THOMASVILLE RD.	TALLAHASSEE FL 32312	<input type="checkbox"/>
D	LYON, TERESA DR	2305 THIRLESTONE ROAD	TALLAHASSEE FL	<input checked="" type="checkbox"/>
D	LYON, RICK DR	2305 THIRLESTONE ROAD	TALLAHASSEE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	LEWIS, HALLEY	2305 THIRLESTONE RD	TALLAHASSEE FL 32312	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	LEWIS, JUDY	2305 THIRLESTONE RD	TALLAHASSEE FL 32312	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 DIRECTOR/PRESIDENT 7 Feb 00 850-222-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #