

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90047 040 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # N94000003350**

1. Entity Name

**LEHIGH ACRES TOWN CENTER PROPERTY OWNERS ASSOCIA**

Principal Place of Business

Mailing Address

1325 PIEDMONT ROAD NE SUITE 150  
ATLANTA GA 30305

3525 PIEDMONT ROAD NE SUITE 150  
ATLANTA GA 30305

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

**58-2157484**

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

**NELLIS, WILLIAM R  
C/O ROW PROPERTIES & DEVELOPMENT INC  
2644 E OAKLAND PARK BLVD  
FT LAUDERDALE FL 33306**

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	PD	<input type="checkbox"/> Delete
NAME	GIPSON, JOHN H	
STREET ADDRESS	3525 PIEDMONT ROAD NE SUITE 150	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIPSON, JOHN H JR	
STREET ADDRESS	3525 PIEDMONT ROAD NE SUITE 150	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARRISON, RENEE	
STREET ADDRESS	3525 PEIDMONT RD., N.E., SUITE 150	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

404-231-1621

Daytime Phone #

CR2E037 (9/99)