

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004794

1. Entity Name

BEN TALQUIN TRACE PROPERTY OWNERS' ASSOCIATION,

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90195 045 \*\*\*\*70.00

Principal Place of Business

Mailing Address

5004 VELDA DAIRY ROAD  
TALLAHASSEE FL 32308-6802

5004 VELDA DAIRY ROAD  
TALLAHASSEE FL 32308-6802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3310617

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

HARRIS, JOHN F  
5004 VELDA DAIRY ROAD  
TALLAHASSEE FL 32308-6802

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  
NAME HARRIS, JOHN F  
STREET ADDRESS 5004 VELDA DAIRY ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32308-6802 ☐ Delete

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

TITLE STD  
NAME HARRIS, JANE R  
STREET ADDRESS 5004 VELDA DAIRY ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32308-6802 ☐ Delete

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

TITLE VD  
NAME HARRIS, KIMBERLY D  
STREET ADDRESS 3907 N.W. 13TH PLACE  
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 186 TURKEY CREEK  
CITY-ST-ZIP ALACHUA FL 32615-9511 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
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: *Jane R. Harris* JANE R. HARRIS 02/22/2000 (850) 893-4408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY FEBRUARY 22, 2000 Daytime Phone #

CR2E037 (9/99)