

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004794

1. Entity Name

BEN TALQUIN TRACE PROPERTY OWNERS' ASSOCIATION.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90055 025 ****70.00

Principal Place of Business

5004 VELDA DAIRY ROAD
TALLAHASSEE FL 32308-6802

Mailing Address

5004 VELDA DAIRY ROAD
TALLAHASSEE FL 32308-6802

2. Principal Place of Business

19496 Ben Talquin Trace

3. Mailing Address

19496 Ben Talquin Trace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3310617

Applied For

Not Applicable

Zip

32310

Country

Zip

32310

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Brian E. Donaway

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

19496 Ben Talquin Trace

City

Tallahassee

FL

Zip Code

32310

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

Brian E. Donaway

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

Brian E. Donaway

NOTE: Registered Agent signature required when reinstating.

1-24-01

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	PD HARRIS, JOHN F 5004 VELDA DAIRY ROAD TALLAHASSEE FL 32308-6802	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRIS, JANE R 5004 VELDA DAIRY ROAD TALLAHASSEE FL 32308-6802	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, KIMBERLY D 186 TURKEY CREEK ALACHUA FL 32615-9571	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McMillan, Homer I. 19497 Ben Talquin Trace Tallahassee, FL 32310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Harris, Jane R. 5004 Velda Dairy Road Tallahassee, FL 32308-6802	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pearson, Elizabeth M. 19496 Ben Talquin Trace Tallahassee, FL 32310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elizabeth M. Pearson* Elizabeth M. Pearson, Secretary 850-385-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)