## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N94000004892

1. Entity Name

## CHAIRES CAPITOLA NEIGHBORHOOD ASSOCIATION, INC.



FILED Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90186 007 \*\*\*\*61.25

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			11/2					
Principal Place of Business			Mailing Address								
9600 NORTH HORSESHOE RD TALLAHASSEE FL 32317 US		9600 NORTH HORSESHOE RD TALLAHASSEE FL 32317 US					4 10 <b>0</b> 11/41 <b>214</b> ( <b>211</b>	<b>815</b> (1 <b>22</b> 1) 88(1 88(1 834)	ABIN AISBI IAISB ÍAC	18 11 <b>8</b> 1 1381	
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Star	te	City & State				<u> </u>	4. FEI Number 59-3204068 Applied For				
Zip Country			Zip Cou			5. Certificate of Status Desired			\$8.75 Add	\$8.75 Additional	
6. Name and Address of Current R					T	7. Name and Address of New Registere					
	6. Name and Address of Current	Hegistere	a Agent		Name		7. Name and Addr	ess of New Register	ed Agent	· · · · · -	
O'STEEN 177 SALE			Street Address (P.O. Box Number is Not Acceptable)								
TALLAHASSEE FL 32301				City	FL Zip Code				е		
				<del></del>							
the obliga	e named entity submits this statement fo tions of registered agent.	л тө рагро	ose of changing its	registere	ed office of	registere	ed agent, or bottl, in the	ie State of Florida. Ta	am amilar willi,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if appl	icable. (NOTI	: Registere	d Agent signatu	re required	when reinstating)	DAT		<del></del>	
						-					
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		eck Payable partment of S		
10.	OFFICERS AND DIF	RECTORS		11.		A	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	
TITLE	P	_	<b>▼</b> Delete	TITLE			_		☐ Change	Addition	
NAME	SCHLUCK, GERALD			NAM	E						
STREET ADDRESS	784 BENJAMIN CHAIRES RD	•		STRE	ET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32317			CITY	-ST-ZIP						
TITLE	DVP		Delete	TITLE	E	٧P			☐ Change	🔀 Addition	
NAME .	<del>NO</del> RTON, LILLA ANN			NAM	E	PEG	GY SURLES 51 BUCKHUL	- 37			
STREET ADDRESS	9374 MALACHI LANE				ET ADDRESS	_883	51 Buck Hux	The Trail	ر مسر برخدر		
CITY-ST-ZIP	TALLAHASSEE FL 32317	_		CITY	-ST-ZIP	TA	LLAMMSSET	11-C 3231	7		
TITLE	8 P		☐ Delete	TITLE		P		1	🗶 Change	☐ Addition	
NAME	MAHAN, SHERRY			NAMI	E	SHE	RRY MAHAI	V	•		
STREET ADDRESS	3680 MATT WING RD.			STRE	ET ADDRESS		O MATT WI				
CITY-ST-ZIP	TALLAHASSEE FL 32311	_		CITY	-ST-ZIP	TA	LAHAS SEE	FC 32311	1.13		
TITLE	TD: S/70		☐ Delete	TITLE	.	5/7	<u>_</u>		Change	☐ Addition	
NAME	PETERS, SUSAN J			NAMI	E	SUS	ON N HURSES	EN L			
STREET ADDRESS	9600 N.HORSESHOE RD			STRE	ET ADDRESS	96	on N HURSES	HE KO			
CITY-ST-ZIP	TALLAHASSEE FL 32317			CITY	-ST-ZIP	TA	MAHASS EE	FC 3237			
TITLE	D		Delete	TITLE		D			☐ Change	Addition	
NAME	G <del>OVETT, FRAN</del> K		-	NAM	E	CHA	RLES TACO	_	***	`	
STREET ADDRESS	1629-HILL & DALE S			STRE	ET ADDRESS	1331	CHAIDAG	CROSS RD.			
CITY-ST-ZIP	TA <del>LLAHASSEE FL 32317</del>			CITY	-ST-ZIP	TAL	LHATRUS LA HASSES	FL 323	17		
TITLE	D		☐ Delete	TITLE					Change	Addition	
NAME	SPENCE, DOROTHY C			NAME							
	3982 CHAIRES CROSS RD.				ET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32317				- ST-ZIP						
12. I hereby o	certify that the information supplied with	this filing	does not qualify for	the exer	motion state	ed in Sec	 ction 119.07(3)(i) Flori	da Statutes, I further	certify that the in	formation	

Thereby certify that the information supplied with this filing does not duality for the exemption stated in Section 119.07(3)(f). Florida Statutes. Fluring retails 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 empewered 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 SAMENIC OFFICER OR DIRECTOR

4/1/0

245-4350