

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004935

1. Entity Name

NICHOLAS HEIGHTS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

499 ARNESON AVENUE
AUBURDALE FL 33823
US

Mailing Address

499 ARNESON AVENUE
AUBURDALE FL 33823
US

2. Principal Place of Business

3. Mailing Address

495 ARNESON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

AUBURDALE, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33823

USA

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

HAMANN, LOIS
499 ARNESON AVE.
AUBURDALE FL 33823

Name

B.T. Hobbs

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

495 ARNESON AVE.

City

AUBURDALE

FL

Zip Code

33823

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

Lois Hamann B.T. Hobbs

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

(NOTE: Registered Agent signature required when reinstating)

5-6-01

4-18-01

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	PSD HAMANN, LOIS 499 ARNESON AVE. AUBURDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLIFER, VIVIAN 497 ARNESON AVE. AUBURDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOBBS, MARTHA 495 ARNESON AUBURDALE FL	<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
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	PSD Hobbs, B.T. 495 ARNESON AVE AUBURDALE, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMANN, LOIS 499 ARNESON AVE AUBURDALE, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CULLIFER, VIVIAN 497 ARNESON AVE AUBURDALE, FL 33823	<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:

SIGNATURE REQUIRED

B.T. Hobbs

4-18-01

(863) 551-1514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-14-2001 90238 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)