

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002426

1. Entity Name

THOMASTOWN ESTATES NEIGHBORHOOD ASSOCIATION, INC

Principal Place of Business

4464 NORA AVE.  
PACE FL 32571  
US

Mailing Address

4464 NORA AVE.  
PACE FL 32571-9339  
US

2. Principal Place of Business

5521 Chipper Lane

Suite, Apt. #, etc.

3. Mailing Address

5521 Chipper Lane

Suite, Apt. #, etc.

City & State

Pace, FL

City & State

Pace, FL

4. FEI Number

59-3456830

Applied For

Not Applicable

Zip

32571

Country

USA

Zip

32571

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAPPA, FRED  
4464 NORA AVE.  
PACE FL 32571

7. Name and Address of New Registered Agent

Name

Frank Miller

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

5521 Chipper Lane

City

Pace

FL

Zip Code

32571

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

*Oscar F. Miller*

Signature, typed or printed name of registered agent and title 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

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | P                    | <input checked="" type="checkbox"/> Delete |
| NAME           | CHAPPA, FREDI        |  |
| STREET ADDRESS | 4464 NORA AVE.       |  |
| CITY-ST-ZIP    | PACE FL 32571        |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | MILLER, FRANK        |  |
| STREET ADDRESS | 5521 CHIPPER LANE    |  |
| CITY-ST-ZIP    | PACE FL 32571        |  |
| TITLE          | S                    | <input type="checkbox"/> Delete            |
| NAME           | SNYDER, ALICIA       |  |
| STREET ADDRESS | 5539 CHIPPER LANE    |  |
| CITY-ST-ZIP    | PACE FL 32571        |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | CRUTCH, ANGELA       |  |
| STREET ADDRESS | 5425 GWEN LANE       |  |
| CITY-ST-ZIP    | PACE FL 32571        |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | BOURDEAUX, DOUGLAS   |  |
| STREET ADDRESS | 4437 ANGIE LANE      |  |
| CITY-ST-ZIP    | PACE FL 32571        |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | CAMPBELL, MARTIN III |  |
| STREET ADDRESS | 5522 CHIPPER LANE    |  |
| CITY-ST-ZIP    | PACE FL 32571        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                   |   |
|----------------|-------------------|---|
| TITLE          | President         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Frank Miller      |   |
| STREET ADDRESS | 5521 Chipper Lane |   |
| CITY-ST-ZIP    | Pace, FL 32571    |   |
| TITLE          | Vice President    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Douglas Boudreaux |   |
| STREET ADDRESS | 4437 Angie Lane   |   |
| CITY-ST-ZIP    | Pace, FL 32571    |   |
| TITLE          | Secretary         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | Billie Miller     |   |
| STREET ADDRESS | 5521 Chipper Lane |   |
| CITY-ST-ZIP    | Pace, FL 32571    |   |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                   |   |
| STREET ADDRESS |                   |   |
| CITY-ST-ZIP    |                   |   |
| TITLE          | Director          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Lisa Chappa       |   |
| STREET ADDRESS | 4464 Nora Ave.    |   |
| CITY-ST-ZIP    | Pace, FL 32571    |   |
| 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90119 013 \*\*\*\*61.25

80091000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)