

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**  
 05-23-2000 90241 003 \*\*\*\*62.50

**DOCUMENT # N97000005022**

1. Entity Name  
**ADRIAN WOODS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
**2203 N PACE BLVD  
 PENSACOLA FL 32505**

Mailing Address  
**2203 N PACE BLVD  
 PENSACOLA FL 32505-5837**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Country  
**PO Box 17125  
 PENSACOLA FL  
 32522-7125**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BROWN, ADRIAN F  
 2203 N PACE BLVD  
 PENSACOLA FL 32505**

4. FEI Number  
**59-3503910**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, ADRIAN F</b>	
STREET ADDRESS	<b>2203 N PACE BLVD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, ASHLEY F</b>	
STREET ADDRESS	<b>8165 STONEBROOK</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YABUT, ADRIA B</b>	
STREET ADDRESS	<b>4606 LENNOX PLACE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: *Adrian F Brown* **5-1-00** **850-432-6139**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)