

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005283

1. Entity Name

WREN HOLLOW PROPERTY OWNERS ASSOCIATION, INC.

FILED

00 APR 25 AM 8:38

Principal Place of Business

Mailing Address

2424 WREN HOLLOW DR.
TALLAHASSEE FL 32303

2424 WREN HOLLOW DR.
TALLAHASSEE FL 32303-3931

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

603 Glenview Dr.
Suite, Apt. #, etc.

603 Glenview Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tallahassee FL

Tallahassee FL

4. FEI Number

59-3574849
APPLIED FOR

Applied For

Not Applicable

Zip
32303

Country
US

Zip

Country

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

MATTOX, STEVE M
2424 WREN HOLLOW DR.
TALLAHASSEE FL 32303

Name

Mattox, Steve M.

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

603 Glenview Dr.

City

Tallahassee

FL

Zip Code
32303

8. The above named entity supports 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

4/24/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MATTOX, STEVE M
STREET ADDRESS 2424 WREN HOLLOW DR.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE PD ☒ Change ☐ Addition
NAME Mattox, Steve M.
STREET ADDRESS 603 Glenview Dr.
CITY-ST-ZIP Tallahassee FL 32303

TITLE VPD ☐ Delete
NAME KELLY, JOHN A
STREET ADDRESS 2950 MEGINNIS ARM ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition
NAME 200003238302-6
STREET ADDRESS -05/03/00--01134--014
CITY-ST-ZIP *****70.00 *****70.00

TITLE TD ☐ Delete
NAME MATTOX, LAURA S
STREET ADDRESS 2424 WREN HOLLOW DR.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE TD ☒ Change ☐ Addition
NAME Mattox, Laura S.
STREET ADDRESS 603 Glenview Dr.
CITY-ST-ZIP Tallahassee FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

4/24/00 386-4259