

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003951

1. Entity Name

THOMASSON SUBDIVISION HOME OWNERS' ASSOCIATION.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90007 029 ****61.25

Principal Place of Business

8202 DILLMAN ROAD
 WEST PALM BEACH FL 33411

Mailing Address

8202 DILLMAN ROAD
 WEST PALM BEACH FL 33411

AUUT0466



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1001513 240903 42

Applied For

Not Applicable

Zip

Country

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

THOMASSON, BETTE JOAN
 8202 DILLMAN ROAD
 WEST PALM BEACH FL 33411

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

After September 13, 2000 min. will be \$236.25

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
 NAME THOMASSON, WILBUR LEROY
 STREET ADDRESS 8202 DILLMAN ROAD
 CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

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

TITLE VSTD
 NAME THOMASSON, BETTY JOAN
 STREET ADDRESS 8202 DILLMAN ROAD
 CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

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

TITLE D
 NAME THOMASSON, KELLI
 STREET ADDRESS 8202 DILLMAN ROAD
 CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ 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: WILBUR L. THOMASSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-00

863-385-9134

Date

Daytime Phone #

CR2E037 (5/00)