

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004585

1. Entity Name

THOMASVILLE TRACE HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90012 017 ****61.25

Principal Place of Business

Mailing Address

% ROBERT S. DEAN
601 HILLCREST STREET
TALLAHASSEE FL 32308

% ROBERT S. DEAN
601 HILLCREST STREET
TALLAHASSEE FL 32308-5015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Charles J. BRANTLEY
Suite, Apt. #, etc.
831 Greenbrier Lane
Tallahassee, Fla.
Zip 32312 Country

Charles J. BRANTLEY
Suite, Apt. #, etc.
831 Greenbrier Lane
Tallahassee, FL
Zip 32312 Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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

DEAN, ROBERT C
601 HILLCREST STREET
TALLAHASSEE FL 32308

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 *Charles J. Brantley*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/00

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	<input checked="" type="checkbox"/> Delete
NAME	DEAN, ROBERT C	
STREET ADDRESS	601 HILLCREST STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BRANTLEY, SUZANNE M.	
STREET ADDRESS	831 GREENBRIER LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOORE, EDGARNE M	
STREET ADDRESS	% 601 HILLCREST STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, CAROL	
STREET ADDRESS	830 GREENBRIER LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEAN, JEAN W	
STREET ADDRESS	824 GREENBRIER LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAFF, GEORGE S.	
STREET ADDRESS	818 GREENBRIER LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles J. BRANTLEY	
STREET ADDRESS	831 GREENBRIER LANE	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Thomson	
STREET ADDRESS	812 Greenbrier	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheer Boyd	
STREET ADDRESS	813 Greenbrier Lane	
CITY-ST-ZIP	Tallahassee, FL 32312	
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		

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: *Charles J. Brantley* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/00

Date

850-531-0264

Daytime Phone #

CR2E037 (9/99)