

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT# N99000004784**

1. Entity Name

AUDUBON TRACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 130142
TAMPA FL 33681

Mailing Address

P.O. BOX 130142
TAMPA FL 33681

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

ROBBINS, R. JAMES ESQ.**101 E. KENNEDY BLVD.****SUITE 3700****TAMPA FL 33602**

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 renewing)

DATE

FILE NOW: FEE IS \$61.25**After September 12, 2001, 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	PSD	☐ Delete
NAME	LYKES, GAIL	
STREET ADDRESS	P.O. BOX 130142	
CITY-ST-ZIP	TAMPA FL 33681	

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

TITLE	VTD	☐ Delete
NAME	LYKES, H. TYSON II	
STREET ADDRESS	P.O. BOX 130142	
CITY-ST-ZIP	TAMPA FL 33681	

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

TITLE	D	☐ Delete
NAME	LYKES, CHRISTOPHER	
STREET ADDRESS	P.O. BOX 130142	
CITY-ST-ZIP	TAMPA FL 33681	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		

TITLE		☐ Delete
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CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT -9 AM 9:30

TODAY



DO NOT WRITE IN THIS SPACE

59
3745460

CH2E037 (5/01)

8/24/01

113-240-6668