# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2003**
**Secretary of State**

DOCUMENT# N99000004784

**Entity Name:** AUDUBON TRACE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 130142
TAMPA, FL 33681

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 130142
TAMPA, FL 33681

**New Mailing Address:**

**FEI Number: 59-3745460** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete
Name: LYKES, GAIL
Address: P.O. BOX 130142
City-St-Zip: TAMPA, FL 33681

Title: VTD ( ) Delete
Name: LYKES, H. TYSON II
Address: P.O. BOX 130142
City-St-Zip: TAMPA, FL 33681

Title: D ( ) Delete
Name: LYKES, CHRISTOPHER
Address: P.O. BOX 130142
City-St-Zip: TAMPA, FL 33681

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL LYKES PSD 04/30/2003

Electronic Signature of Signing Officer or Director — Date