

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90013 008 \*\*\*\*61.25

**DOCUMENT # 741367**

1. Entity Name

**GLEN HOMEOWNERS'S ASSOCIATION INC.**

Principal Place of Business

Mailing Address

5700 MARINER DR #203  
 TAMPA FL 33609

5700 MARINER DR #203  
 TAMPA FL 33609-3418

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

**59-1796819**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRISCOLL, GAIL B**  
**5700 MARINER DR #203**  
**TAMPA FL 33609**

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**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLLINS, JEANNE</b>	
STREET ADDRESS	<b>4602 LOWELL AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, DAN</b>	
STREET ADDRESS	<b>4026 HENDERSON BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>FOSTER, JUDITH</b>	
STREET ADDRESS	<b>616 S GLEN AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DRISCOLL, WT JR</b>	
STREET ADDRESS	<b>5700 MARINER ST, 203T</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRAHAN, JAMES</b>	
STREET ADDRESS	<b>3319 SWANN AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DRISCOLL, GAIL</b>	
STREET ADDRESS	<b>5700 MARINER ST, #203E</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

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	
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gail B. Driscoll*

3/25/00

Date

813  
 286 2326

Daytime Phone #

CR2E037 (9/99)