

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743229

1. Entity Name

DRIFTWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

10960 PEPPERTREE LANE
PT. RICHEY FL 34668
US

Mailing Address

10960 PEPPERTREE LANE
PT. RICHEY FL 34668-2419
US

2. Principal Place of Business

10960 Peppertree Lane
Suite, Apt. #, etc.

3. Mailing Address

10960 Peppertree Ln
Suite, Apt. #, etc.

City & State

Port Richey, FL.

City & State

Port Richey, FL.

4. FEI Number

59-1855919

Applied For

Not Applicable

Zip

34668

Country

U.S.A.

Zip

34668

Country

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LICHTER, ROBERT
10960 PEPPER TREE LANE
PORT RICHEY FL 34668

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

Robert S. Lichter - Robert S. Lichter 3/10/2000

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 PD ☐ Delete
NAME LICHTER, ROBERT
STREET ADDRESS 10960 PEPPERTREE LANE
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE VD ☒ Delete
NAME FREY, KEVIN
STREET ADDRESS 8732 WOODMONT LANE
CITY-ST-ZIP PORT RICHEY FL

TITLE Vice President, Director ☐ Change ☒ Addition
NAME Ken Huber
STREET ADDRESS 11207 Salt Tree Lane
CITY-ST-ZIP Port Richey, FL. 34668

TITLE TD ☐ Delete
NAME LICHTER, ROBERT
STREET ADDRESS 10960 PEPPERTREE LN
CITY-ST-ZIP PORT RICHEY FL

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

TITLE SD ☐ Delete
NAME CAMPBELL, GERTRUDE E
STREET ADDRESS 11115 ISL PINE DR
CITY-ST-ZIP PORT RICHEY FL

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

TITLE D ☐ Delete
NAME DRACHENBERG, WILLIAM R
STREET ADDRESS 11025 SALT TREE LANE
CITY-ST-ZIP PORT RICHEY FL

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

TITLE D ☐ Delete
NAME JOSEPH GOMES
STREET ADDRESS 11109 SALT TREE LANE
CITY-ST-ZIP PORT RICHEY FL

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:

Robert S. Lichter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000 (27) 863-5932

Date Daytime Phone #

CR2E037 (9/99)