

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90026 039 \*\*\*150.00

**DOCUMENT # 745918**

1. Entity Name

**TIPPECANOE VILLAGE HOMEOWNERS ASSOCIATION OF ZEP**

Principal Place of Business

34521 IRIS BLVD.  
 ZEPHYRHILLS FL 33541

Mailing Address

34521 IRIS BLVD.  
 ZEPHYRHILLS FL 33541-2448

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

**59-1885807**

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

**BECKER & POLIAKOFF, P.A.**  
**33 NORTH GARDEN AVE**  
**STE 960**  
**CLEARWATER FL 33755**

delete

Name **THOMAS P. McALVANAH, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**5709 GAIL BLVD.**

City

**ZEPHYRHILLS**

**FL**

Zip Code  
**33541**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, ALBIN	
STREET ADDRESS	34636 ROSEBUD ROW	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VTA	<input type="checkbox"/> Delete
NAME	JOHNSON, ROY	
STREET ADDRESS	34711 LILLY LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, CHUCK	
STREET ADDRESS	34604 ROSE BUD ROW	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, JAMES	
STREET ADDRESS	34521 ROSEBUD ROW	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LANGFORD, BRIDGETT	
STREET ADDRESS	34637 SWEET PEA	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROGERS, JIM	
STREET ADDRESS	34553 PETUNIA PL	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT POLLART	
STREET ADDRESS	34704 MORNING GLORY GL	
CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRENE LEMAY	
STREET ADDRESS	3428 OSAGE DR.	
CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Dashnaw	
STREET ADDRESS	3445 DAWNS DELL	
CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER DEMMONS	
STREET ADDRESS	3422 OSAGE DR.	
CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRTLE BENSLEY	
STREET ADDRESS	3243 CARNATION LN.	
CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD DULEY	
STREET ADDRESS	3301 CARNATION LANE	
CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

CR2E037 (9/99)