

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755030

1. Entity Name

WEDGEWOOD TENNIS VILLAS OF TUSCAWILLA HOMEOWNERS

Principal Place of Business

Mailing Address

1401 FOREST HILLS DRIVE
WINTER SPRINGS FL 32708

1401 FOREST HILLS DRIVE
WINTER SPRINGS FL 32708-3815

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

59-2377316

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

~~DELETE~~
KOVEL, MARVIN
1425 SPALDING RD.
WINTER SPRINGS FL 32708

ADD
C.A. COE
787 EVERT CT.
WINTER SPRINGS,
FL 32708

Name

C.A. COE

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

787 EVERT CT.

WINTER SPRINGS, FL 32708

City

FL

Zip Code
32708

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 **C.A. COE, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

5/30/2000

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	SD	<input type="checkbox"/> Delete
NAME	PIROZZI, BARBARA	
STREET ADDRESS	764 DUNLAP CIR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALLIHAN, PAUL	
STREET ADDRESS	1210 WINTER SPRINGS BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, DAVID	
STREET ADDRESS	1468 CONNORS LANE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, MARGARET	
STREET ADDRESS	1446 SPALDING RD.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPAFFORD, HELEN	
STREET ADDRESS	730 ADIDAS RD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LORD, SR JAMES M	
STREET ADDRESS	880 BRUNSWICK LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D →	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD GRIFFITH	
STREET ADDRESS	1426 FOREST HILLS DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, SR. JAMES M.	
STREET ADDRESS	1411 Borg Lane	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

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, and all other like empowered.

SIGNATURE: *[Handwritten Signature]* **SIGNATURE REQUIRED C.A. COE, PRESIDENT 5-30-2000** **407-365-7765**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)