

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763162

1. Entity Name

DURANT OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 113
VALRICO FL 33594

P. O. BOX 113
VALRICO FL 33595-0113

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

59-2612585

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

FREGMAN, JAMES D
2710 HEANDON ST
VALRICO FL 33594

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 P ☐ Delete
NAME FREEMAN, JAMES D
STREET ADDRESS 2710 HERNDON ST
CITY-ST-ZIP VALRICO FL 33594

TITLE T ☐ Delete
NAME WEEDON, WARREN
STREET ADDRESS 2704 HERNOON ST
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☒ Delete
NAME WEEDON, SUE
STREET ADDRESS 2704 HERNOON ST
CITY-ST-ZIP VALRICO FL

TITLE D ☐ Delete
NAME PIKUS, MICHAEL
STREET ADDRESS 2707 HERNOON ST
CITY-ST-ZIP VALRICO FL 33595

TITLE D ☐ Delete
NAME ALLEN, JAMES
STREET ADDRESS 2705 HERNOON ST
CITY-ST-ZIP VALRICO FL 33597

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME J. SWEENEY
STREET ADDRESS 2608 HERNDON ST
CITY-ST-ZIP VALRICO, FL 33594

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90072 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)