

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770009

1. Entity Name

IDLE FOREST HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

5818 IDLE FOREST PLACE  
TAMPA FL 33614

Mailing Address

P.O. BOX 151262  
TAMPA FL 33684-1262

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

NOT APPLICABLE

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

LEVINE, BETSY J  
5820 IDLE FOREST PLACE  
TAMPA FL 33614

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SMITH, ROBERT<br>5819 IDLE FOREST PL<br>TAMPA FL 33614     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DAVIDSON, GARY<br>5909 IDLE FOREST PL<br>TAMPA FL 33614    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>RIEUMONT, HEATHER<br>5912 IDLE FOREST PL<br>TAMPA FL 33614 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>LEVINE, BETSY J<br>5820 IDLE FOREST PL<br>TAMPA FL 33614   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  | <input type="checkbox"/> Delete            |

|                                                |                                                                                                    |                                                                                         |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>LEVINE, Robert<br>5806 Idle Forest Place<br>TAMPA, FL. 33614                          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>SHIRLEY CLARK</del> VICE-PRES.<br>Shirley Clark<br>5806 Idle Forest Place<br>TAMPA, FL. 33614 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIRECTOR<br>LARRY CLARK<br>5806 Idle Forest Place<br>TAMPA, FL. 33614                              | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIRECTOR<br>JOE GUTHRIE<br>5806 Idle Forest Place<br>TAMPA, FL. 33614                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

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:

BETSY J. LEVINE

4/20/2000

(813) 877-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)