

7/24/1

FILED
Aug 22, 2001 8:00 am
Secretary of State

07-24-2001 90023 042 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002010

1. Entity Name

THE ESTUARY OF MOBBLY BAY HOMEOWNERS ASSOCIATION

Principal Place of Business

1000 N. ASHLEY DR., STE. 101
TAMPA FL 33602

Mailing Address

1000 N. ASHLEY DR., STE. 101
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3737093

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICKARD, JAMES I III
1000 N. ASHLEY DR., STE. 101
TAMPA FL 33602

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
After September 12, 2001, min. will be \$236.25

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: **D** Delete
NAME: **RICKARD, JAMES I III**
STREET ADDRESS: **1000 N. ASHLEY DR., STE. 101**
CITY-ST-ZIP: **TAMPA FL 33602**

TITLE: **D** Change Addition
NAME: **RICKARD, JAMES I III**
STREET ADDRESS: **212 MOBBLY BAY DRIVE**
CITY-ST-ZIP: **OLDSMAR, FL 34677**

TITLE: **D** Delete
NAME: **WOOD, RENE**
STREET ADDRESS: **5401 W. KENNEDY BLVD., STE. 751**
CITY-ST-ZIP: **TAMPA FL 33609**

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

TITLE: **D** Delete
NAME: ~~**OLSON, CHARLES**~~
STREET ADDRESS: ~~**8390 139TH LANE N.**~~
CITY-ST-ZIP: ~~**SEMINOLE FL 33778**~~

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

TITLE: **D** Change Addition
NAME: **RICKARD, DENISE A**
STREET ADDRESS: **212 MOBBLY BAY DRIVE**
CITY-ST-ZIP: **OLDSMAR, FL 34677**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

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

James T. Rickard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James T. Rickard

7/10/01 (813) 227-9555
Date Daytime Phone #

CR2E037 (8/01)