# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 06, 2000 8:00 am**
**Secretary of State**
04-06-2000 90030 002 ****61.25

DOCUMENT # N01232

1. Entity Name

ZEPHYR SHORES PROPERTY OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 35112 ADA AVENUE<br>ZEPHYRHILLS FL 33541-2101 | 35112 ADA AVENUE<br>ZEPHYRHILLS FL 33541-2101 |

DO NOT WRITE IN THIS SPACE

| 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 59-2650886 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

YAKUBOFF, PAUL
34945 ZEPHYR SHORES DR
ZEPHYRHILLS FL 33541

**7. Name and Address of New Registered Agent**

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 Barbara J Burnett, Secretary 4-3-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>YAKUBOFF, PAUL<br>3495 ZEPHYR SHORES DR<br>ZEPHYRHILLS FL 33541 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Eugene McCoy<br>4633 Newcomb Avenue<br>Zephyrhills, FL 33541 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GOODINE, LEROY<br>35242 ADA AVE<br>ZEPHYRHILLS FL 33541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HUSTON, MARGARET<br>35029 ZEPHYR SHORES DR<br>ZEPHYRHILLS FL 33541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Barbara Burnett<br>34924 Carl Avenue<br>Zephyrhills, FL 33541 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ATD<br>VAN BUREN, LORRAINE<br>35014 CARL AVE<br>ZEPHYRHILLS FL 33541 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MCCOY, EUGENE<br>35137 DALE AVE<br>ZEPHYRHILLS FL 33541 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Lyle Sewell<br>35006 Dale Ave<br>Zephyrhills, FL 33541 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASD<br>CLEVELAND, MARSHA<br>35148 ADA AVE<br>ZEPHYRHILLS FL 33541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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 REQUIRED Secretary 4-3-00 (813) 782-2234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #