

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N112916**

1. Entity Name

**HARSHIRE HOMEOWNERS ASSOCIATION, INC.**

FILED

00 AUG 11 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

**5364 EHRLICH RD**

3. Mailing Address

**5364 EHRLICH RD**

Suite, Apt. #, etc.

**PMB 362**

Suite, Apt. #, etc.

**PMB 362**

City & State

**TAMPA, FL 33624**

City & State

**TAMPA, FLORIDA**

Zip

**33624**

Country

Zip

**33624**

Country

4. FEI Number

**59-3054372**

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

**GARY E. FARMER,  
CONDOMINIUM ALLIANCE MGMT CORP  
5364 EHRLICH RD PMB 362  
TAMPA, FL 33624**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/17/00**

**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

TITLE ☒ Delete

NAME **ALICE HARTMAN**

STREET ADDRESS **P.O. BOX 271804**

CITY-ST-ZIP **TAMPA, FL 33688-1804**

TITLE ☒ Delete

NAME **BONNIE VITERWYK**

STREET ADDRESS **15206 WINTERWIND**

CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☒ Delete

NAME **RICHARD C. ALSTON**

STREET ADDRESS **6605 MONTE VESTA PL**

CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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**REINSTATEMENT 99-00**

**200003368562-7**

**-08/23/00--01045--004**

**\*\*\*\*306.25 \*\*\*\*306.25**

**REINSTATEMENT 99-00**

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 #

**5/17/00**

CR2E037 (9/99)