2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14015 1. Entity Name

HONORABLE COUNTRYPARK HOMEOWNERS ASSOCIATION OF

Principal Place of Business

Mailing Address

2357 HILLCREEK CIRCLE EAST **CLEARWATER FL 34619**

2357 HILLCREEK CIRCLE EAST CLEARWATER FL 33759-1219

FILED Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90147 005 ****61.25



| | · | | | | | N KNOW (180) | |
|-------------------------------------------------------------------------|----------------------------------------------------|-------------------------------|-------------------------------------------|---------------------------------------------|-----------------------------------------|----------------------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address | - 41 > | | | | | |
| | | | | _ | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS | SPACE | | |
| City & State | City & State | | 4. FEI Numbe | , | I IAo | plied For | |
| CLEARWATER FL | | | 4. TETTAINE | 59-2722337 | | t Applicable | |
| Zip Country | Zip | Country | 5 O 100 100 100 100 100 100 100 100 100 1 | -£ Overvier Descined | \$8.75 Add | itional | |
| 33759 US_ | 3.3766 | <u>US_</u> | 5. Certificate o | of Status Desired | Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| | · | Name | eborab | George | | | |
| CRUTCHELD SCOTT | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| GRUTCHFIELD, SCOTT 2918 HILLCREEK CIRCLE S. | 2393 Hillcreek Cir. E. | | | | | | |
| CLEARWATER FL 33759 | | | | | | | |
| CLEARWATER TE 33/39 | City Clear MATER. FL Zip Code 337.59 | | | | | | |
| | | | STAWSIAS | | -1.33 | 194 | |
| 8. The above named entity submits this statement for | r the purpose of changing its req | gistered office or req | gistered agent, or both | i, in the state of Florida. | | | |
| _ | | $\overline{}$ | | , | , | | |
| SIGNATURE Deborah L. Geo | orae / | Debora | NX XILO | rge 01/10 | 1200 | <u>o</u> | |
| Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Re | gistered Agent signature re | equired when reinstating) | DATE / | • | | |
| | | | | | | | |
| FILE NOW: | nancing | - 40:00 may be | | Make Check Payable to | | | |
| FEE IS \$61.25 | Trust Fund Contribution | on. 🗆 🗚 | Added to Fees | Departmen | t of State | | |
| | | | | | DEOTODO IV | 40 | |
| 10. OFFICERS AND DIF | | 11. | Secretal | NGES TO OFFICERS AND DE | Change | M Addition | |
| TIMADY DEVICE | 🔀 Delete | title Name | 2601 ECHI | Quimby | Change | MUNICIPAL | |
| NAME TIWARY, DEVISH STREET ADDRESS 2441 HILLCREEK CIRCLE E | | | 2946 Po | | , | | |
| CITY-ST-ZIP CLEARWATER FL 33752 | | CITY-ST-ZIP | ~ leARWA | | 159 | | |
| TITLE D | Delete | | 0 | - | Change | Addition | |
| NAME LEE, JANE | | NAME 1 | moller | Fredrick | ~ | | |
| STREET ADDRESS 2430 ANTHONY AVE | | STREET ADDRESS | a395 T | erence Ct. | . ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ | . | |
| CITY-ST-ZIP CLEARWATER FL | | CITY-ST-ZIP | Clearus | ATER FL. | <u>3375°</u> | <u> 1 </u> | |
| TITLE T | ☐ Delete | TITLE | $\overline{\mathcal{D}}_{i}$ | | Change | Addition | |
| NAME GEORGE, DEBORAH | | NAME | Valitutti | , Leslie | Aue. | | |
| STREET ADDRESS 2373 HILLCREEK CIRCLE E | | STREET ADDRESS | 2452 2 | ブんド フィノチィ・・・ | 3375 | ~c | |
| CITY-ST-ZIP CLEARWATER FL 33759 | | CITY-ST-ZIP | CLEARU | ATER FL. | 00/3 | | |
| TITLE P | Delete | TITLE | D D | - JANET | Change | Addition | |
| NAME GRUTCHFIELD, SCOTT | | NAME CTREET ADDRESS | 2010 | inthony A | se . | | |
| STREET ADDRESS 2918 HILLCREEK CIRCLE S. CITY-ST-ZIP CLEARWATER FL 33750 | ļ | STREET ADDRESS CITY-ST-ZIP | Clearwa | TER FL. 3 | 3759 | \hat{i} | |
| OEDARRAILER 1 E 00100 | | | CIEMICON | TOIL FLE D | ☐ Change | Addition | |
| TITLE D NAME ZILLMAN, WILLIAM | ☐ Delete | TITLE | | | Cuanhe | Addition | |
| STREET ADDRESS 2913 HILLCREEK CIR S | | STREET ADDRESS | | , | | • | |
| CITY-ST-ZIP CLEARWATER FL 33759 | | CITY-ST-ZIP | | | | | |
| TITLE | □ Delete | TITLE | | | ☐ Change | ☐ Addition | |
| NAME . | - Delete | NAME | | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | l | |
| CITY_ST-ZIP | | CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with | | | | | | | |

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. 727-669-0295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

CR2E037 (9/99)