

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/7

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90033 021 \*\*\*\*61.25

**DOCUMENT # N16162**

1. Entity Name  
**BELLE MEADE HOMEOWNERS' ASSOCIATION OF HILLSBORO**

Principal Place of Business      Mailing Address  
~~221~~ LAFAYETTE BLVD.      221 LAFAYETTE BLVD.  
 C/O SUNSTATE ACCT., P.O. BOX 1191      C/O SUNSTATE ACCT., P.O. BOX 1191  
 OLDSMAR FL 34677      OLDSMAR FL 34677-3754



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**231 LAFAYETTE BLVD.**      **231 LAFAYETTE BLVD.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2709176**      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

**WICKY, JERRY**  
~~221~~ LAFAYETTE BLVD.  
 OLDSMAR FL 34677

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**231 LAFAYETTE BLVD**

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      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.     

**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	<b>TD</b> <b>SCHOFIELD, SUSAN</b> <b>16146 CARDEN DR</b> <b>ODESSA FL 33556</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>COLEMAN, ESTER</b> <b>6208 IROUOIS CT.</b> <b>ODESSA FL 33556</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC. D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WILLIAMS, RICHARD</b> <b>16135 CARDEN DR</b> <b>ODESSA FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREAS. D</b> <b>ERIC FLETCHER</b> <b>16130 BELLE MEADE BLVD.</b> <b>ODESSA FL 33556</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>TEGENKAMP, RONALD</b> <b>6221 IROUOIS CT.</b> <b>ODESSA FL 33556</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(f), 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 another like empowered.

**SIGNATURE:**      **SIGNATURE REQUIRED**      **JERRY WICKY**      **1/31/00**      **813-853-9546**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)