

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18090

1. Entity Name

THE COPPER FOREST ESTATES HOMEOWNERS' ASSOCIATIO

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90027 017 ****61.25

Principal Place of Business

Mailing Address

C/O JAMES WRIGHT
3276 COPPERRIDGE CIRCLE
CANTONMENT FL 32533

C/O JAMES WRIGHT
3276 COPPERRIDGE CIRCLE
CANTONMENT FL 32533-7432

2. Principal Place of Business

3. Mailing Address

C/O GERALD H. TAYLOR
3244 WINDMILL CIRCLE
CANTONMENT FL 32533-7486

C/O GERALD H. TAYLOR
3244 WINDMILL CIRCLE
CANTONMENT FL 32533-7486

Zip

Country

Zip

Country

4. FEI Number

59-2953016

Applied For

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

RAPPA, GAIL C.
3276 COPPER RIDGE CIRCLE
CANTONMENT FL 32533

Name

TAYLOR, GERALD H.
3244 WINDMILL CIRCLE
CANTONMENT FL 32533-7486

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

Gerald H. Taylor

PRESIDENT

FEB. 26, 2000

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 PD ☒ Delete
NAME WRIGHT, JAMES
STREET ADDRESS 3276 COPPER RIDGE CIRCLE
CITY-ST-ZIP CANTONMENT FL 32533

TITLE PD TAYLOR, GERALD H. ☒ Change ☐ Addition
NAME
STREET ADDRESS 3244 WINDMILL CIRCLE
CITY-ST-ZIP CANTONMENT FL 32533-7486

TITLE SD ☒ Delete
NAME WESTMARK, RICHARD
STREET ADDRESS 3212 WINDMILL CIRCLE
CITY-ST-ZIP CANTONMENT FL 32533

TITLE VD WATERS, KEITH D. ☒ Change ☐ Addition
NAME
STREET ADDRESS 3249 COPPER RIDGE CIRCLE
CITY-ST-ZIP CANTONMENT FL 32533-6509

TITLE TD ☐ Delete
NAME FILLMORE, ARLO
STREET ADDRESS 3240 WINDMILL CIRCLE
CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE VD ☒ Delete
NAME NEELY, JEFF
STREET ADDRESS 3289 COPPER RIDGE CIRCLE
CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Gerald H. Taylor

FEB. 26, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)