

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90046 003 \*\*\*\*61.25

**DOCUMENT # N22129**

1. Entity Name

**LECLARE SHORES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

16834 LECLARE SHORES DRIVE  
 TAMPA FL 33624

16834 LECLARE SHORES DRIVE  
 TAMPA FL 33624

LUU10000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2777340**

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

*S. PATRICIA Patricia Leib, P.A.*  
 420 W PLATT ST  
 BLDE HYDE PK  
 TAMPA FL 33606

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

**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 **SD**  Delete  
 NAME **FINGER, MARCIA A**  
 STREET ADDRESS **5106 CORVETTE DR**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **SD**  Change  Addition  
 NAME **Finger, Marcia**  
 STREET ADDRESS **5106 Corvette Dr.**  
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE **VPD**  Delete  
 NAME **VATANDUST, MOHAMMAD**  
 STREET ADDRESS **5151 CORVETTE DRIVE**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D**  Change  Addition  
 NAME **Wiatrak, Michael**  
 STREET ADDRESS **11684.2 Leclare Shores Dr.**  
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE **PD**  Delete  
 NAME **GREGORY, LAURA**  
 STREET ADDRESS **16825 STAWZA COURT**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **DP**  Change  Addition  
 NAME **Gregory, Laura**  
 STREET ADDRESS **16825 Stanza Court**  
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE **VPD**  Delete  
 NAME **COLLELI, TONY**  
 STREET ADDRESS **5005 CORVETTE DR**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **VPD**  Change  Addition  
 NAME **Gascho, Ruby**  
 STREET ADDRESS **116861 Leclare Shores Dr.**  
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE **D**  Delete  
 NAME **LOCKE, HEWELLYN**  
 STREET ADDRESS **16861 STORES DR**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **TD**  Change  Addition  
 NAME **Locke, Llewellyn**  
 STREET ADDRESS **116861 Leclare Shores Drive**  
 CITY-ST-ZIP **Tampa, FL 33624**

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: *Signature of Patricia Leib, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00  
 Date Daytime Phone #

CR2E037 (9/99)