

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N26430**

1. Entity Name

**MAGNOLIA CHASE NEIGHBORHOOD ASSOCIATION, INC.**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90787 049 \*\*\*\*61.25

Principal Place of Business 115 SO. DALE MABRY SUITE SUITE 300 TAMPA FL 33609 US	Mailing Address 115 SO. DALE MABRY SUITE 300 TAMPA FL 33609-2845 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2960803</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**UNIQUE PROPERTY SERVICES, INC.**  
**115 SO. DALE MABRY**  
**SUITE 300**  
**TAMPA FL 33609**

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HELLNEY, JOHN</b> 89140 MAGNOLIA CHASE CIR TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SIMMONS, DON</b> 8935 MAGNOLIA CHASE CR TAMPA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMPSON, JOHN</b> 8943 MAGNOLIA CHASE CIRCLE TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD IVEY, JUDITH</b> 8908 MAGNOLIA CHASE CIR TAMPA FL 33647 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BURGESS, JUDY</b> 8931 MAGNOLIA CHASE CR TAMPA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOHLER, PERRY</b> 8916 MAGNOLIA CHASE CIR TAMPA FL 33647 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD John Hellney</b> 8910 Magnolia Chase Circle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Chuck Keith</b> 8928 Magnolia Chase Circle Tampa FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Rick Redford</b> 8935 Magnolia Chase Circle Tampa FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Fern Rabil</b> 8939 Magnolia Chase Circle Tampa FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mark Maritz</b> 8912 Magnolia Chase Circle Tampa FL 33647 <input type="checkbox"/> Change <input checked="" 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)(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: *John Hellney* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 4/25/00 **Date** 907-8910 **Daytime Phone #**

CR2E037 (9/99)