

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30362

1. Entity Name

QUAIL RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1050A ELW PKWY
OLDSMAR FL 34677

1050A ELW PKWY
OLDSMAR FL 34677

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3019682

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

DOMINICK SCANNAVINO
1050A ELW PKWY
OLDSMAR FL 34677

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 PD ☐ Delete
NAME MEYER, RUTH
STREET ADDRESS 12436 QUAIL RIDGE DR.
CITY-ST-ZIP SPRING HILL FL 34610

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

TITLE SD ☒ Delete
NAME SMITH, MARGUERITE
STREET ADDRESS 12805 FLAMINGO PARKWAY
CITY-ST-ZIP SPRING HILL FL 34610

TITLE T ☐ Change ☒ Addition
NAME SCHADWILL SANDRA
STREET ADDRESS 12500 QUAIL RIDGE DR.
CITY-ST-ZIP SPRING HILL, FL 34610

TITLE S ☐ Delete
NAME MULL, GARY
STREET ADDRESS 12332 CASSOWARY LN
CITY-ST-ZIP J. H. FL 34610

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

TITLE D ☐ Delete
NAME SHELLITO, EDWARD
STREET ADDRESS 12446 QUAIL RIDGE DR
CITY-ST-ZIP SPRING HILL FL 34610

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

TITLE D ☒ Delete
NAME DARVISH, MAHRDAD
STREET ADDRESS 12830 QUAIL RIDGE DRIVE
CITY-ST-ZIP SPRING HILL FL 34610

TITLE D ☐ Change ☒ Addition
NAME JACOBEN DAVID
STREET ADDRESS 12370 CASSOWARY LANE
CITY-ST-ZIP SPRING HILL, FL 34610

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

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

05-16-2000 90171 035 ****61.25

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