

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90007 041 ****61.25

DOCUMENT # N30514

1. Entity Name

TALL PINES ESTATES PHASE VI TRACT II HOMEOWNERS

Principal Place of Business

Mailing Address

3224 CONIFER DRIVE
 LARGO FL 33771
 US

3224 CONIFER DRIVE
 LARGO FL 33771-3875
 US

U I C R S O U



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

59-3096045

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORRISON, SUSAN
 3224 CONIFER DRIVE
 LARGO FL 33771

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:
FEF 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

T NAME MORRISON, RICHARD STREET ADDRESS 3224 CONIFER DRIVE CITY-ST-ZIP LARGO FL 33771	<input type="checkbox"/> Delete
PD NAME MORRISON, SUSAN STREET ADDRESS 3224 CONIFER DRIVE CITY-ST-ZIP LARGO FL 33771	<input type="checkbox"/> Delete
VD NAME LEVERONE, FRANK STREET ADDRESS 3224 CONIFER DRIVE CITY-ST-ZIP LARGO FL 33771	<input type="checkbox"/> Delete
S NAME LESPERANCE, PATTI STREET ADDRESS 3224 CONIFER DRIVE CITY-ST-ZIP LARGO FL 33771	<input checked="" type="checkbox"/> Delete
D NAME BAREFOOT, SIMON STREET ADDRESS 3224 CONIFER DR CITY-ST-ZIP LARGO FL 33771	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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:

RICHARD MORRISON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

Date

727-532-2367

Daytime Phone #