

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90031 027 \*\*\*\*61.25

0057411

**DOCUMENT # N32784**  
 1. Entity Name  
**BLOOMINGDALE HILLS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>POST OFFICE BOX 165 RIVERVIEW FL 33569 US</b>	Mailing Address <b>P O BOX 165 RIVERVIEW FL 33565 US</b>
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**717774**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>PO Box 165 Riverview FL 33569 us</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0179939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**VANCE, RICHARD S.  
 6120 CRICKETHOLLOW DR  
 RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VANCE, RICHARD S.</b>
STREET ADDRESS	<b>6120 CRICKETHOLLOW DR</b>
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HOLLAND, BEVERLY</b>
STREET ADDRESS	<b>6107 CRICKET HOLLOW</b>
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WILSON, MICHAEL</b>
STREET ADDRESS	<b>10903 CARNELIAN LANE</b>
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MUELLER, JUDITH</b>
STREET ADDRESS	<b>6110 BECKLIN PL</b>
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 2/13/01 813-689-4513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)