

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90998 003 ****70.00

DOCUMENT # N34126

1. Entity Name

SOUTHCHASE-EAST PROPERTY OWNERS' ASSOCIATION, IN

Principal Place of Business

Mailing Address

4830 W KENNEDY BOULEVARD
 ONE URBAN CENTRE, SUITE 740
 TAMPA FL 33609

4830 W KENNEDY BOULEVARD
 ONE URBAN CENTRE, SUITE 740
 TAMPA FL 33609

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4890 W. Kennedy Boulevard

4890 W. Kennedy Boulevard

Suite, Apt. #, etc.
 Suite #850

Suite, Apt. #, etc.
 Suite #850

City & State Tampa, Florida

City & State Tampa, Florida

4. FEI Number **59-3021744**

Applied For
 Not Applicable

Zip 33609-1863 Country USA

Zip 33609-1863 Country USA

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

BRAY, JACK H.
 ONE URBAN CENTRE, 4830 W. KENNEDY BLVD.
 SUITE 740
 TAMPA FL 33609

Name
 Street Address (P.O. Box Number is Not Acceptable)
 4890 W. Kennedy Boulevard
 Suite #850
 City Tampa FL Zip Code 33609-1863

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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRAY, JACK H. 4830 W KENNEDY BLVD. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, SAMUEL K. 4830 W KENNEDY BLVD. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, DANIEL B. 4830 W KENNEDY BLVD. TAMPA FL	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: SIGNATURE REQUIRED Samuel K. Ross Date 4-26-2001 Daytime Phone # 813-286-4140

CR2E037 (10/00)