

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N34126

FILED  
Apr 18, 2002 8:00 AM  
Secretary of State

Entity Name: SOUTHCHASE-EAST PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4890 W KENNEDY BOULEVARD  
STE 850  
TAMPA, FL 336091863 US

**New Principal Place of Business:**

**Current Mailing Address:**

4890 W KENNEDY BOULEVARD  
STE 850  
TAMPA, FL 336091863 US

**New Mailing Address:**

FEI Number: 59-3021744      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BRAY, JACK H.  
4890 W KENNEDY BLVD  
STE 850  
TAMPA, FL 336091863

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRAY, JACK H.,  
Address: 4890 W KENNEDY BLVD #850  
City-St-Zip: TAMPA, FL 336091863

Title: VSD ( ) Delete  
Name: ROSS, SAMUEL K.,  
Address: 4890 W KENNEDY BLVD #850  
City-St-Zip: TAMPA, FL 336091863

Title: TD ( ) Delete  
Name: GREEN, DANIEL B.,  
Address: 4890 W KENNEDY BLVD #850  
City-St-Zip: TAMPA, FL 336091863

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK H. BRAY

PD

04/18/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date