

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2002 8:00 am**
Secretary of State

01-29-2002 90049 019 ****61.25

DOCUMENT # N34435

1. Entity Name

CATTLEMAN'S CROSSING HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business

**5717 LONESOME DOVE CT
NEW PORT RICHEY FL 34655
US**

Mailing Address

**5717 LONESOME DOVE CT
NEW PORT RICHEY FL 34655
US**

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

59-3020067

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MOTLEY, JOHN R
5717 LONESOME DOVE CT
NEW PORT RICHEY FL 34655****7. Name and Address of New Registered Agent**

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

(NO CHANGES TO ABOVE INFO)**1/11/02**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	PT	<input type="checkbox"/> Delete
NAME	MOTLEY, JOHN R	
STREET ADDRESS	5717 LONESOME DOVE CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, KEVIN	
STREET ADDRESS	5648 WELFIELD RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUCK, KEN	
STREET ADDRESS	5637 WELFIELD ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, FREDERICK	
STREET ADDRESS	5606 HEREFORD DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RENNEKER, DAVID	
STREET ADDRESS	5721 LONESOME DOVE CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT/DIRECTOR (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/DIRECTOR (SD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA PAYNE	
STREET ADDRESS	5652 HEREFORD DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT/DIRECTOR (VD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR POLLARD	
STREET ADDRESS	5618 WELFIELD RD.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	TREASURER/DIRECTOR (TD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE LEVITT	
STREET ADDRESS	5538 WELFIELD RD.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02**727-534-8711**

CR2E037 (9/01)