

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43439

1. Entity Name

HOMES OF REGENCY COVE, INC.

Principal Place of Business

4851 GANDY BLVD. - OFFICE
TAMPA FL 33611

Mailing Address

4851 GANDY BLVD. - OFFICE
TAMPA FL 33611-6015

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

59-2654048

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, ROBERT T
4851 W GANDY BLVD 808L40
4851 GANDY BLVD.
TAMPA FL 33611

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

TITLE	DVS	<input type="checkbox"/> Delete
NAME	COURCHESNE, ELEANOR	
STREET ADDRESS	4851 W GANDY BLVD 3 PELICAN	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D8	<input checked="" type="checkbox"/> Delete
NAME	HEALEY, THOMAS J	
STREET ADDRESS	4851 W GANDY BLVD 20 CANAL	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIDSTONE, WAYNE	
STREET ADDRESS	4851 W GANDY BLVD B04L38	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GOODWIN, ROBERT	
STREET ADDRESS	4851 GANDY BLVD 8 LOT 40	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, WILLIAM	
STREET ADDRESS	4851 GANDY BLVD B14L34	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NIMON, ELLEN	
STREET ADDRESS	4851 W GANDY BLVD 12 SUNSET	
CITY-ST-ZIP	TAMPA FL 33611	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Dillon	
STREET ADDRESS	4851 W. Gandy Blvd. 808L04	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Bedore	
STREET ADDRESS	4851 W. Gandy Blvd 1054508 Blvd	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louise Pool	
STREET ADDRESS	4851 W. Gandy Blvd. 808L30	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas, Cam	
STREET ADDRESS	4851 W. Gandy Blvd 811L41	
CITY-ST-ZIP	Tampa, FL 33766	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter Sousa	
STREET ADDRESS	4851 W. Gandy Blvd. 2 Pelican Drive	
CITY-ST-ZIP	Tampa, FL 33611	
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:

Robert T Goodwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99
Date

813 837-5441
Daytime Phone #