

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44379

1. Entity Name

VARTY ROAD HOMEOWNERS ASSOCIATION, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90040 046 ****61.25

Principal Place of Business 5000 VARTY RD WINTER HAVEN FL 33884	Mailing Address 5000 VARTY RD WINTER HAVEN FL 33884-3140
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number 59-3093549	Applied For ☐ Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent

BUTZ, HELEN JEAN
5000 VARTY RD
WINTER HAVEN FL 33884

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, MARK 5080 VARTY RD WINTER HAVEN FL 33884 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTZ, HELEN 5000 VARTY ROAD WINTER HAVEN FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENE, WARREN 5086 VARTY RD WINTER HAVEN FL 33884 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURKHART, DAWN FLA SHERIFFS YOUTH VILLA BARTOW FL 33831 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Warren M. Greene 5/3/00 8633/8164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)