

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90004 027 \*\*\*\*61.25

**DOCUMENT # N97000006918**

1. Entity Name

**UNION PARK VILLAS OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1009 CRANE CT  
 DUNEDIN FL 34698  
 US

1009 CRANE CT  
 DUNEDIN FL 34698-8205  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWRENCE, D'VEE C.**  
**1009 CRANE CT**  
**DUNEDIN FL 34698**

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:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	Change	Addition
P	MARTIN, ANTHONY	1021 CRANE CT.	DUNEDIN FL 34698	<input checked="" type="checkbox"/>	CHAIRMAN	CAROL BOOHER	1005 OSPREY CT.	DUNEDIN, FL 34698	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
V	GREGG, NORMA	1009 OSPREY CT.	DUNEDIN FL 34698	<input checked="" type="checkbox"/>	V. PRESIDENT	GLORIA OLIVIERI	1005 CRANE CT	DUNEDIN FL 34698	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
D	MASON, MARGARET	1000 OSPREY CT.	DUNEDIN FL 34698	<input checked="" type="checkbox"/>	SECRETARY	TERESA MCANLY	1013 OSPREY CT	DUNEDIN FL 34698	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
D	TOWNE, RICHARD	1022 IRIS CT.	DUNEDIN FL 34698	<input type="checkbox"/>	DIRECTOR	SHIRLEY JOSEPH	1014 SANDPIPER CT	DUNEDIN FL 34698	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
D	MCTAGGART, JOHN	1020 HERON CT	DUNEDIN FL 34698	<input type="checkbox"/>	DIRECTOR	GEORGE BLONDIN	1008 IBIS CT.	DUNEDIN FL 34698	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
D	EDELSON, ROBERT	1021 OSPREY CT	DUNEDIN FL 34698	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	

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:** *Lawrence D'Vee C. Lawrence* **TREASURER** **3/16/2000** (237) 133-6502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)