

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # N98000002039 ✓  
 1. Entity Name  
**COVINGTON AT CROSS CREEK HOMEOWNERS ASSOCIATION, INC.**

00 JUN 23 AM 10:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

The Melrose Management Group  
 325 S. Boulevard  
 P.O. Box 2071  
 Tampa, FL 33601-2071

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 P.O. Box 2071  
 Tampa, FL 33601-2071

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>593598248</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country		

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HANSON, JACK**  
**325 SOUTH BLVD.**  
**TAMPA, FL 33606**

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  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD RUSS, KEVIN 2901 W. BUSCH BLVD. #601 TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULL, KURT 325 S. BOULEVARD TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEGER, MARTHA 2901 W. BUSCH BLVD. #601 TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURAIN, GREG 325 S. BOULEVARD TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOOTAN, SERGE 2901 W. BUSCH BLVD. #601 TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, GARY 325 S. BOULEVARD TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E037 (9/99)

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:  **Kurt Hull, Director** **6/28/00** Date  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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