

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90084 017 ****61.25

DOCUMENT # N98000003919

1. Entity Name

SOUTH POINTE OF TAMPA HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

**4014 GUNN HIGHWAY
 SUITE 250
 TAMPA FL 33624**

**7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE FL 33637**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3522669

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUCKER, STANLEY GENE
 4014 GUNN HIGHWAY
 SUITE 250
 TAMPA FL 33624**

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 Delete
 NAME **PD TUCKER, STANLEY**
 STREET ADDRESS **4014 GUNN HIGHWAY, SUITE 250**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~**BULLOCK, WILLIAM**~~
 STREET ADDRESS ~~**4014 GUNN HIGHWAY, SUITE 250**~~
 CITY-ST-ZIP ~~**TAMPA FL 33624**~~

TITLE Change Addition
 NAME **UPD Noble, Garth**
 STREET ADDRESS **4014 Gunn Highway, Suite 250**
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE Delete
 NAME **STD CRIMI, TONY**
 STREET ADDRESS **4014 GUNN HIGHWAY, SUITE 250**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Stanley Tucker*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/2001 (813) 265-3343
 Date Daytime Phone #

CR2E037 (10/00)