

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006354

1. Entity Name

LAKE FANTASIA HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90038 043 ****70.00

Principal Place of Business

401 EAST JACKSON STREET
SUITE 2650
TAMPA FL 33602

Mailing Address

401 EAST JACKSON STREET
SUITE 2650
TAMPA FL 33602-5226

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

8350 FANTASIA PARK WAY

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

Zip

33569

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3545911

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAHEEN, L. JOSEPH JR.
401 EAST JACKSON STREET
SUITE 2650
TAMPA FL 33602

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 **D** ☐ Delete
NAME **COPHER, RICHARD**
STREET ADDRESS **401 EAST JACKSON STREET, SUITE 2650**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ Delete
NAME **HENDERSON, GREGORY**
STREET ADDRESS **401 EAST JACKSON STREET, SUITE 2650**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ Delete
NAME **COPHER, RONALD**
STREET ADDRESS **401 EAST JACKSON STREET, SUITE 2650**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 reports 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:

RONALD E COPHER 1/24/00 (813) 247-1889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)