

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006983

1. Entity Name

LEXINGTON OAKS OF PASCO COUNTY HOMEOWNERS ASSOCI

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90045 023 \*\*\*\*61.25

Principal Place of Business

4014 GUN HWY., S-250  
TAMPA FL 33624

Mailing Address

7001 TEMPLE TERRACE  
HIGHWAY  
TEMPLE TERRACE FL 33637-5734  
US

2. Principal Place of Business

4014 GUNN Hwy

Suite, Apt. #, etc.

Suite 250

City & State

Tampa, FL

Zip

33624

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3549209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TUCKER, STANLEY G  
4014 GUN HWY., S-250  
TAMPA FL 33624

4014 GUNN Hwy  
Suite 250  
Tampa, FL 33624

7. Name and Address of New Registered Agent

Name Tucker, Stanley G.

Street Address (P.O. Box Number is Not Acceptable)

4014 GUNN Highway  
Suite 250

City

Tampa

FL

Zip Code

33624

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.

Stanley Tucker

(NOTE: Registered Agent signature required when reinstating)

DATE

04/14/00

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	PD	<input type="checkbox"/> Delete
NAME	TUCKER, STANLEY G	
STREET ADDRESS	4014 GUN HWY., S-250	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BENNETT, STEPHEN M	
STREET ADDRESS	4014 GUN HWY., S-250	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT R	
STREET ADDRESS	4014 GUN HWY., S-250	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/14/00 (813) 265-3343 x252

CR2E037 (9/99)