

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14702

1. Entity Name

THE GLENS OF COUNTRYWAY HOMEOWNERS ASSOCIATION.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90161 017 ****61.25

Principal Place of Business

7001 TEMPLE TERR HWY
TEMPLE TERRACE FL 33637
US

Mailing Address

7001 TEMPLE TERR HWY
824 EAST FLETCHER AVENUE
TEMPLE TERRACE FL 33637-5734
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2670354

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

LERNER, PATRICIA L
420 WEST PLATT ST
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name Steven H. Mezer

Street Address (P.O. Box Number is Not Acceptable)
1212 Court Street Suite B

City Clearwater

FL

Zip Code
34616

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

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	CALANDRA, SAM	
STREET ADDRESS	8603 TWIN FARMS PLACE	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, BARRY	
STREET ADDRESS	11633 SUNSHINE POND RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTONELLI, ROBERT	
STREET ADDRESS	11629 SUNSHINE POND RD	
CITY-ST-ZIP	TAMA FL 33635	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STONE, BRIAN	
STREET ADDRESS	11657 SUNSHINE POND RD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, DARRELL	
STREET ADDRESS	11603 SUNSHINE POND RD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Everton, Scott	
STREET ADDRESS	8615 TWIN FARMS PLACE	
CITY-ST-ZIP	Tampa FL 33635	
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stone, Corrine	
STREET ADDRESS	11659 SUNSHINE POND ROAD	
CITY-ST-ZIP	Tampa FL 33635	
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bieler, Marlene	
STREET ADDRESS	11655 SUNSHINE POND ROAD	
CITY-ST-ZIP	Tampa FL 33635	
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00

813-980-1000

CR2E037 (9/99)