## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## **FILED** DOCUMENT # N9500000129 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name THE HAMMOCKS AT LAKE HERON HOMEOWNERS' ASSOCIATI 04-19-2000 90092 034 \*\*\*\*61.25 Principal Place of Business Mailing Address PO BOX 633 21428 KEATING WAY LUTZ FL 33548-0633 LUTZ FL 33549 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3313725 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FINANICAL ACCOUNTING SERVICES OF TAMPA 21438 KEATING WAY **LUTZ FL 33549** Zip Code City 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 Make Check Payable to FILE NOW: \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition Delete Change Ch TITLE TITLE Edward Garver NAME NAME RHODERICK, RICHARD 21421 Keating Way Lutz, F1 33549 STREET ADDRESS STREET ADDRESS 21408 KENTING WAY CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** Change ☐ Addition 🔀 Delete TITLE DVP TITLE Lawrence Levin NAME BENSON, ROBERT NAME 21410 Keating Way STREET ADDRESS STREET ADDRESS 21439 KENTING WAY Lutz, F1 33549 CITY-ST-7IP CITY-ST-ZIP **LUTZ FL 33549** Change ☐ Addition Delete TITLE TITLE DS Vicki Lowe NAME MILLER, JANE NAME 21452 Kenting Way STREET ADDRESS STREET ADDRESS 21441 KEATING WAY CITY-ST-ZIP Lutz, F1 33549 CITY-ST-ZIP <u>LUTZ FL 33549</u> ☐ Change ☐ Addition Delete TITLE TITLE DT NAME ROGERS, BETTY L NAME STREET ADDRESS STREET ADDRESS 21438 KENTING WAY CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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