

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001056

1. Entity Name

CLUBVIEW HOMEOWNERS ASSOCIATION, INC.

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90054 030 \*\*\*\*61.25

Principal Place of Business 18530 PEBBLE LAKE CT TAMPA FL 33647	Mailing Address 18530 PEBBLE LAKE CT TAMPA FL 33647-3063
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U S I S I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>PO Box 47056</i>		3. Mailing Address <i>PO Box 47056</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tampa Florida</i>		City & State <i>Tampa Florida</i>	
Zip <i>33647-0109</i>	Country <i>USA</i>	Zip <i>33647-0109</i>	Country <i>USA</i>

4. FEI Number <b>59-3434069</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BRANT, JAMES E**  
18530 PEBBLE LAKE CT  
TAMPA FL 33647

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BRANT, JAMES E 17568 FAIRMEADOW DRIVE TAMPA FL 33647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DINICOLA, DOMINICK 17568 FAIRMEADOW DRIVE TAMPA FL 33647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRANT, WILLIAM J JR. 1947 WOODLAWN AVE. GRIFFITH IN 46319</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED** *4/19/00* *800 9946008*

CR2E037 (9/99)