

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08201

1. Entity Name

TYLER'S COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

554 THAMES CIRCLE  
P.O. BOX 948  
LONGWOOD FL 32750-2739

554 THAMES CIRCLE  
P.O. BOX 948  
LONGWOOD FL 32750-2739

2. Principal Place of Business

3. Mailing Address

546 Thames Circle  
Suite, Apt. #, etc.

Tyler's Cove Homeowners  
Suite, Apt. #, etc.

City & State  
Longwood FL

City & State  
Longwood, FL

Zip  
32750

Country  
USA

Zip  
32750

Country  
USA

4. FEI Number

59-2684924

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKEOGH, MIKE  
540 THAMES CIRCLE  
LONGWOOD FL 37750

Name  
CHRIS MARTIN

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

540 THAMES CIRCLE

City  
Longwood

FL FL

Zip Code  
32750

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRURY, MARK 535 THAMES CIRCLE LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEILMAN, ROBERT 558 THAMES CIRCLE LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKEOGH, MIKE 540 THAMES CIRCLE LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN HOOVEN, CRAIG 546 THAMES CIRCLE LONGWOOD FL 32750 +	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, CHRIS 54 THAMES CIRCLE LONGWOOD FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evelyn 560 THAMES CIRCLE LONGWOOD, FL 32750	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evelyn DUNmeyer 560 THAMES CIRCLE Longwood, FL 32750	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/08/00

Date

Daytime Phone #

FILED  
Jun 05, 2000 8:00 am  
Secretary of State

06-05-2000 90716 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)