

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 19, 2000 08:00 AM
Secretary of State

DOCUMENT # 710446

1. Entity Name

THE HOME ASSOCIATION, INC.

Principal Place of Business

1203-22ND AVENUE

TAMPA
33605

FL

Mailing Address

1203-22ND AVENUE

TAMPA
33605

FL

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

59-0624427

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

7. Name and Address of New Registered Agent

ULLMAN KIRSTEN
100 S ASHLEY DR
SUITE 830
TAMPA
33602

FL

US

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/19/2000

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 S ☒ Delete
NAME WOLFE PATRICIA
STREET ADDRESS 333 PLANT AVE
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME LEISNER SUSAN
STREET ADDRESS 10125 WHITE TROUT LANE
CITY-ST-ZIP TAMPA FL 33618

TITLE TAST ☒ Change ☐ Addition
NAME DICKINSON PAT
STREET ADDRESS 3415 LATANIA DR
CITY-ST-ZIP TAMPA FL 33618

TITLE T ☐ Delete
NAME GREGORY VIRGINIA
STREET ADDRESS 442 W KENNEDY STE 160
CITY-ST-ZIP TAMPA FL 33601

TITLE PEL ☒ Change ☐ Addition
NAME DELRE JOYCE
STREET ADDRESS 10130 WHITE TROUT LN
CITY-ST-ZIP TAMPA FL 33618

TITLE ED ☐ Delete
NAME LAUER ROBERT
STREET ADDRESS 520 BROOKSIDE DR.
CITY-ST-ZIP CLEARWATER FL 33764

TITLE T ☒ Change ☐ Addition
NAME LOCKEY CAROL
STREET ADDRESS 3909 NORTHAMPTON WAY
CITY-ST-ZIP TAMPA FL 33624

TITLE DT ☐ Delete
NAME WOLFE PATRICIA
STREET ADDRESS 333 PLANT AVE.
CITY-ST-ZIP TAMPA FL 33606

TITLE S ☒ Change ☐ Addition
NAME LAVANDERA FRAN
STREET ADDRESS 1000 S HARBOUR ISLAND BLVD #2208
CITY-ST-ZIP TAMPA FL 33602

TITLE DAST ☐ Delete
NAME LEISNER, SUSAN
STREET ADDRESS 10125 WHITE TROUT LANE
CITY-ST-ZIP TAMPA FL 33618

TITLE P ☒ Change ☐ Addition
NAME GREGORY VIRGINIA
STREET ADDRESS 442 W. KENNEDY STE 160
CITY-ST-ZIP TAMPA FL 33601

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.