

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712981

1. Entity Name

CULBREATH ISLES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

4131 GUNN HWY.
TAMPA FL 33624

4131 GUNN HWY.
TAMPA FL 33624

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

59-1382856

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

FLOWERS, GAIL E
4131 GUNN HWY
TAMPA FL 33624

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)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	COMEGYS, LARRY	
STREET ADDRESS	4904 ST. CROIX DR.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	REINEMAN, JOSEPH	
STREET ADDRESS	4927 NEW PROVIDENCE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAUB, TED	
STREET ADDRESS	4937 LYFORD CAY RD.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOWELL, DAVID	
STREET ADDRESS	4905 NEW PROVIDENCE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LASHER, STUART	
STREET ADDRESS	4931 NEW PROVIDENCE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, BEN	
STREET ADDRESS	4923 ST CROIX DR	
CITY-ST-ZIP	TAMPA FL 33629	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK, LIZ	
STREET ADDRESS	4901 LYFORD CAY RD.	
CITY-ST-ZIP	TAMPA, FL. 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOWELL, DAVID	
STREET ADDRESS	4905 NEW PROVIDENCE	
CITY-ST-ZIP	TAMPA, FL. 33629	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLOCK, JOHN	
STREET ADDRESS	4911 NEW PROVIDENCE RD.	
CITY-ST-ZIP	TAMPA, FL. 33629	
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 the empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2001 8:00 am
Secretary of State

02-08-2001 90183 039 *****61.25

33490



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment Sheet

712981 / 33496

SD

☒ ADDITION

HARRISON, BILL

4920 NEW PROVIDENCE RD

TAMPA, FL. 33629