

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743339

1. Entity Name

KILRUSH HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90039 014 ****61.25

Principal Place of Business:

Mailing Address

2965 SHAMROCK NORTH #33
TALLAHASSEE FL 32308

2965 SHAMROCK NORTH #33
TALLAHASSEE FL 32308-2237

2. Principal Place of Business

3. Mailing Address

2965 SHAMROCK N #31

2965 SHAMROCK N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#31

#31

City & State

City & State

TALLAHASSEE FL

TALLAHASSEE FL

Zip

Country

Zip

Country

32308

32308



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2071300

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

TUCKER, SANDY
2965 SHAMROCK N #21
TALLAHASSEE FL 32308

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME TR
STREET ADDRESS ADAMS, DAVID
CITY-ST-ZIP 2965 SHAMROCK N #29
TALLAHASSEE FL

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

TITLE ☐ Delete
NAME P
STREET ADDRESS TUCKER, SANDY
CITY-ST-ZIP 2965 SHAMROCK N #21
TALLAHASSEE FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS MINTER, CHERYL
CITY-ST-ZIP 2965 SHAMROCK N #31
TALLAHASSEE FL 32308

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

TITLE ☐ Delete
NAME V
STREET ADDRESS MINTER, JOE F
CITY-ST-ZIP 2965 SHAMROCK N #31
TALLAHASSEE FL 32308

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

TITLE ☐ Delete
NAME TR
STREET ADDRESS WHEELLESS, JAN
CITY-ST-ZIP 2965 SHAMROCK N #17
TALLAHASSEE FL 32308

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

TITLE ☐ Delete
NAME S
STREET ADDRESS DIXON, MARILYN
CITY-ST-ZIP 2965 SHAMROCK #12
TALLAHASSEE FL

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2000

Date

(850) 487-1000 X211

Daytime Phone #