

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 743339

1. Entity Name

KILRUSH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2965 SHAMROCK NORTH #31
TALLAHASSEE FL 32308

Mailing Address

2965 SHAMROCK NORTH #31
TALLAHASSEE FL 32308

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

59-2071300

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

TITLE TR
NAME Ramos, Michael
STREET ADDRESS 2965 Shamrock N #35
CITY-ST-ZIP Tallahassee, FL ☐ Change ☒ Addition

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

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

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

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

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

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

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

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

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

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

Cheryl Minter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 6, 2001
Date Daytime Phone #

620492



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)