## **2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 752097** 1. Entity Name TAVARES HOMEOWNERS INC.

## FILED Apr 22, 2000 8:00 am Secretary of State 04-22-2000 90123 035 \*\*\*\*61.25

Principal Place of Business  Mailing Address 756 MARINA LANE TAVARES FL 32778-3845  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  City		
TAVARES FL 32778-3845  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  A. FEI Number  59-1980287  To be and Address of Current Registered Agent  Name: Duggan Jr. be at State  Street Address (P.O. Box Number is Not Acceptable)  7. Name and Address of New Registered.  Street Address (P.O. Box Number is Not Acceptable)  City Lees bugg  FL  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  File Now:  FEE IS \$61.25  Parts  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DI		ii Sigii ika-
Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS  City & State  City & State  City & State  City & State  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name: Duggan Jingbeat  Name: Duggan Jingbeat  Street Address (P.O. Box Number is Not Acceptable)  JOHNSON, CHARLES  907 WEBSTER ST  LEESBURG FL 32778  LEESBURG FL 32778  The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the state of Florida.  SIGNATURE  Signatura liped or printed name of registered agent Write if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW:  FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DI		II 61611 1851
Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS  City & State  City & State  City & State  City & State  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name: Duggan Jingbeat  Name: Duggan Jingbeat  Street Address (P.O. Box Number is Not Acceptable)  JOHNSON, CHARLES  907 WEBSTER ST  LEESBURG FL 32778  Street Address (P.O. Box Number is Not Acceptable)  6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the state of Florida.  SIGNATURE  SIGNATURE  FILE NOW:  FEE IS \$61.25  PLECTION Comparing Financing Trust Fund Contribution.  The Address of New Registered  Name: Duggan Jingbeat  Token Jingbeat  Name: Duggan Ji		JI BIBII IKBI
City & State  Country  Country  Street Address of Current Registered Agent  Name: Duggar Ji Cobert  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City Lees bugg  FL  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  FILE NOW: FEE IS \$61.25  Signature upped or printed name of registered agent of Malter if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	<u> </u>	
Zip Country Zip Country 5. Certificate of Status Desired   6. Name and Address of Current Registered Agent 7. Name and Address of New Registered   Name: Duggan J: Lobe T  Street Address (P.O. Box Number is Not Acceptable)  907 WEBSTER ST LEESBURG FL 32778  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  Signatura Good or printed name of registered agent of the et applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW:  FILE NOW:  FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution. Address TO OFFICERS AND DI	SPACE	
Signature FILE NOW:  FEE IS \$61.25  Country  Signature Country  Tip  Country  Signature Country  Signature Country  Signature Country  Tip  Country  Signature Countr		pplied For
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Name: Duggan Ji Obest Street Address (P.O. Box Number is Not Acceptable)  907 WEBSTER ST LEESBURG FL 32778  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  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	\$8.75 Add	ot Applicable
JOHNSON, CHARLES 907 WEBSTER ST LEESBURG FL 32778    JOAN W. Magnolia	Fee Require	
JOHNSON, CHARLES 907 WEBSTER ST LEESBURG FL 32778    City   Lees bugg   FL   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 upod or printed name of registered agent to butle if applicable. (NOTE: Registered Agent signature required when reinstating)    FILE NOW:   FEE IS \$61.25   Trust Fund Contribution.   Added to Fees   Department	Agent	
JOHNSON, CHARLES 907 WEBSTER ST LEESBURG FL 32778    1029 W. Magnolia ST.		
907 WEBSTER ST LEESBURG FL 32778    1029 W. Magnolia ST.		,
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    Columbia		
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  Cobuttouran  Signature upon or printed name of registered agent whatle if applicable.  (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW:  FEE IS \$61.25  PAGE 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Zip Code	
SIGNATURE    Cobuttour   Trust Fund Contribution.   Trust Fund Contribution	- 3474	18
FILE NOW:  FEE IS \$61.25  9. Election Campaign Financing Frust Fund Contribution.  9. Election Campaign Financing Frust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DI		<u>00</u>
The Market of th	: <del></del>	
NAME ELIDHADOT WAITED		
	<b>⊠</b> Change	☐ Addition {
NAME STREET ADDRESS  EHRHARDT, WALTER  426 SINCLAIR CIR  STREET ADDRESS  #24 5: NC.   A-1 A C.   R.		
CITY-ST-ZIP TAVARES FL 32778 CITY-ST-ZIP TAVARES F1. 32778		
TITLE D Note that Chairman	Change	Addition
NAME KRAMM, MOLLIE NAME LACK M. EATON		
STREET ADDRESS 748 MARINA LANE CITY-ST-ZIP TAVADES EI		· <u>-</u>
TAVANCOIL	Change	
TITLE C. MARE HARVEY, JACKIE NAME BETTY L. Smith	_ Change	Addition
NAME STREET ADDRESS		
CITY-ST-ZIP TAVARES FL CITY-ST-ZIP TAVARES FL 32778		
	☐ Change	Addition
NAME CAFARO, FRANK  MAME ANDERSON, BEATRICE		}
STREET ADDRESS 589 MARINA LANE  STREET ADDRESS 436 SINCIAIR CIA		
CITY-ST-ZIP TAVARES FL 32778		
TITLE V NAME HADDIX JAMES  Delete TITLE D NAME BAILEY JESS C.	Change	Addition
man man and ANP.		}
CITY-ST-ZIP TAVARES FL 32778  STREET ADDRESS 723 MILE ALVA ZAVIA  CITY-ST-ZIP TAVARES FL 32778		
THE D	☐ Change	Addition
NAME WRIGHT, ELMER STREET ADDRESS  532 MARINA LANE  Delete  NAME STREET ADDRESS  741 MARINA LANE		
	•	}
CITY-ST-ZIP TAVARES FL 32778  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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certified in Section 119.07(3)(ii), Florida Statutes.		I

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 trystee 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 tiple empowered.