## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 29, 2002 8:00 am **DOCUMENT # 752097 Secretary of State** 1. Entity Name TAVARES HOMEOWNERS, INC. 03-29-2002 90196 004 \*\*\*\*61.25 Principal Place of Business Mailing Address 756 MARINA LANE 756 MARINA LANE TAVARES FL 32778-0827 TAVARES FL 32778-0827 -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1980287 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DALGAN, ROBERT J 1029 WEST MAGNOLIA STREET LEESBURG FL 34748 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D. V.C. TITLE ☐ Delete TITLE X Addition **BUTLER, THOMAS** Mein Blinn NAME NAME 638 SINCLAIR CR. STREET ADORESS 640 MARINA LANE STREET ADDRESS TAVARES. Fl. 32778 CITY-ST-ZIP CITY-ST-7IP **TAVARES FL 32778** TITLE ☐ Delete TITLE **Addition** EATON, JACK M Beatie Hess NAME NAME STREET ADDRESS 440 MARINA LANE STREET ADDRESS 512 MARINA LANE CITY\_ST-ZIP CITY-ST-ZIP TAVARES FL 32778 TAVARES - F1 . 32778 -🕰 Delete TITLE TITLE ☐ Change Addition Addition RobeRT TiNSKY SMITH, BETTY L NAME NAME 556 MARINA LANE STREET ADDRESS 423 SINCLAIR CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32778 TAVARES FL 32778 TITLE Delete TITI F ☐ Change ☐ Addition NAME ANDERSON, BEATRICE NAME STREET ADDRESS 435 SINCLAIR CIR. STREET ADDRESS CITY-ST-ZIP **TAVARES FL 32778** CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition ☐ Change BAILEY, JESS F NAME 723 MARINA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAVARES FL 32778** CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition MESS, LOUISE NAME 741 MARINA LANE

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TAVARES FL 32778

STREET ADDRESS

CITY-ST-ZIP