

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90168 043 \*\*\*\*61.25

**DOCUMENT # 756964**

1. Entity Name

**DOUGLAS ARMS CHEVIOT HILLS CONDOMINIUM ASSOCIATI**

Principal Place of Business

Mailing Address

2753 STATE RD 580  
 207  
 CLEARWATER FL 33761  
 US

2753 STATE RD 580  
 207  
 CLEARWATER FL 33761-3345  
 US

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

**59-2130880**

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

**REARDON, MAUREEN C**  
**2753 STATE RD 580 # 207**  
**CLEARWATER FL 33761**

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 **D**  Delete  
 NAME **FRANK, CORINA**  
 STREET ADDRESS **860 LOCH LINNHE LANE / #117**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **V/D**  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **TD**  Delete  
 NAME **RICARD, JOSEPH L**  
 STREET ADDRESS **100 CLYDE LANE #109**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **P/D**  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **PD**  Delete  
 NAME **MESMER, VERNON**  
 STREET ADDRESS **870 LOCH LINNHE LANE #125**  
 CITY-ST-ZIP **DUNEDIN FL**

TITLE **S/D**  Change  Addition  
 NAME **EVANS JR., ALBERT**  
 STREET ADDRESS **100 CLYDE LANE #108**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **VD**  Delete  
 NAME **WILSON, HENRY C**  
 STREET ADDRESS **860 LOCH LINNHE LANE #115**  
 CITY-ST-ZIP **DUNEDIN FL**

TITLE **T/D**  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **D**  Delete  
 NAME **DICKERSON, THELMA M.**  
 STREET ADDRESS **100 CLYDE LANE #111**  
 CITY-ST-ZIP **DUNEDIN FL**

TITLE **D**  Change  Addition  
 NAME **WHITMORE, JOSEPH**  
 STREET ADDRESS **860 LOCH LINNHE LANE #119**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-00

Date

734-3533

Daytime Phone #

CR2E037 (9/99)