

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 756964**

1. Entity Name  
 DOUGLAS ARMS CHEVIOT HILLS CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business 2753 STATE RD 580 207 CLEARWATER FL 33761 US	Mailing Address 2753 STATE RD 580 207 CLEARWATER FL 33761 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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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  
 REARDON MAUREEN C  
 2753 STATE RD 580 # 207  
 CLEARWATER FL 33761 US

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE **02/15/2001**  
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

TITLE	D <input type="checkbox"/> Delete
NAME	WHITMORE JOSEPH
STREET ADDRESS	860 LOCH LINNHE LN #119
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	TD <input type="checkbox"/> Delete
NAME	WILSON HENRY C
STREET ADDRESS	860 LOCH LINNHE LANE #115
CITY-ST-ZIP	DUNEDIN FL
TITLE	SD <input type="checkbox"/> Delete
NAME	EVANS ALBERT JR
STREET ADDRESS	100 CLYDE LN #108
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	PD <input type="checkbox"/> Delete
NAME	RICARD JOSEPH L
STREET ADDRESS	100 CLYDE LANE #109
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	VD <input type="checkbox"/> Delete
NAME	FRANK CORINA
STREET ADDRESS	860 LOCH LINNHE LANE / #117
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON HENRY C
STREET ADDRESS	860 LOCH LINNHE LANE #115
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: JOSEPH RICHARD PD 02/15/2001**

CR2E037 (11/00)