## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # 762712 Feb 15, 2000 8:00 am 1. Entity Name **Secretary of State** EAGLE CHASE HOMEOWNER'S ASSOCIATION, INC. 02-15-2000 90061 029 \*\*\*\*61.25 Principal Place of Business Mailing Address 3238 GOLDEN EAGLE LANE 3238 GOLDEN EAGLE LANE SARASOTA FL 34231-7380 SARASOTA FL 34231-7380 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2435804 Not Applicable Zip. Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MORAN, GEORGE 3224 GOLDEN EAGLE LANE SARASOTA FL 34231 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. William Sherrill PD TITLE TITLE Delete Delete NAME NOE, KATHY 3220 Golden Eagle La President NAME STREET ADDRESS STREET ADDRESS 3239 GOLDEN EAGLE LN CITY-ST-ZIP CITY-ST-ZIP SARASITA FL SARASOTA FL vice President Delete TITLE TITLE ۷D BRUCE Deery NAME ORAVETZ, DEBRA STREET ADDRESS STREET ADDRESS 3207 GOLDEN EAGLE LN 3225-Golden Eagle-Lane CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Sarante FL ☐ Addition ☐ Change TITLE SD □ Delete TITLE CARPER, JAN NAME STREET ADDRESS STREET ADDRESS 3217 GOLDEN EAGLE LN CITY-ST-ZIP CITY-ST-ZIP SARASOTE FL 34231 ☐ Change ☐ Addition ☐ Delete TITLE NAME CARTER, ROBERT STREET ADDRESS STREET ADDRESS 3237 GOLDEN EAGLE LN CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. ire required

Daytime Phone #