

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762926

1. Entity Name

CORY'S LANDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

10684 HALLS RIVER RD.
HOMOSASSA FL 32646

Mailing Address

464 DOUGLAS ROAD
OLDSMAR FL 34677-2948
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

59-2462888

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

RATLEDGE, J.T.
4780 BRITTANY DR S
VILLA 113
ST PETERSBURG FL 33715

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 PD
NAME RATLEDGE, JERRY
STREET ADDRESS 4780 BRITTANY DR S #113
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME SASSER, BILLY G.
STREET ADDRESS 13801 SHADY SHORES DRIVE
CITY-ST-ZIP TAMPA FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME STEPHENS, GARY
STREET ADDRESS P.O. BOX 18083 N.A
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SPIGENER, GEORGE
STREET ADDRESS 44 WEST CREST AVE
CITY-ST-ZIP WINTER GARDEN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90084 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)