

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90087 045 \*\*\*\*61.25

**DOCUMENT # 764508**

1. Entity Name

**TIBERON HOMEOWNERS' ASSOCIATION INCORPORATED**

Principal Place of Business

Mailing Address

1101 HYDE CT  
 LONGWOOD FL 32750  
 US

P.O. BOX 520662  
 LONGWOOD FL 32752-0662  
 US

2. Principal Place of Business

3. Mailing Address

1101 HYDE CT

P.O. BOX 520662

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD, FL.

LONGWOOD, FL.

Zip

Country

Zip

Country

32750

USA

32752

USA

4. FEI Number

NOT APPLICABLE

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

HUGHES, PAMELA B  
 1031 MARIN DR  
 LONGWOOD FL 32750

Name **PAMELA B. HUGHES**

Street Address (P.O. Box Number is Not Acceptable)

1031 MARIN DR.

City

LONGWOOD

FL

Zip Code

32750

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 **PAMELA B. HUGHES**

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** ☒ Delete  
 NAME **BROWN, CHRISTOPHER**  
 STREET ADDRESS **1090 SONOMA CT**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **PD.** ☒ Change ☒ Addition  
 NAME **LEROY WILSON**  
 STREET ADDRESS **1001 ALAMEDA DR**  
 CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **VPD** ☐ Delete  
 NAME **HUGHES, PAMELA B**  
 STREET ADDRESS **1031 MARIN DR**  
 CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **CAVANAUGH, RAE**  
 STREET ADDRESS **1101 HYDE CT.**  
 CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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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:

**Rae Cavanaugh** **RAE CAVANAUGH** **3.22.00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)