

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003508

1. Entity Name

TIMBER CREST ACRES OWNER'S ASSOCIATION, INC.

Principal Place of Business

000 TIMBER CREST LANE
ZEPHYRHILLS FL 33540

Mailing Address

PO BOX 1918
DADE CITY FL 33526

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

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

JANKE, JEROME
12540 ABBEY DR
DADE CITY FL 33526

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

TITLE PD
NAME JANKE, JEROME
STREET ADDRESS P O BOX 1918
CITY-ST-ZIP DADE CITY FL 33526

☐ Delete

TITLE STD
NAME JANKE, CAROL J
STREET ADDRESS P O BOX 1918
CITY-ST-ZIP DADE CITY FL 33526

☐ Delete

TITLE VD
NAME ZULLO, LEONARD D
STREET ADDRESS 6536 STADIUM DR, SUITE A
CITY-ST-ZIP ZEPHYRHILLS FL 33540

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Carol Janke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 4 2002 *3525670656*
Date Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90656 034 ****61.25



DO NOT WRITE IN THIS SPACE

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