

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90044 037 \*\*\*\*61.25

**DOCUMENT # N00000004383**

1. Entity Name

**NASH SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**11825 OLD LAKELAND HWY  
 DADE CITY FL 33525**

Mailing Address

**11825 OLD LAKELAND HWY  
 DADE CITY FL 33525**

2. Principal Place of Business

3. Mailing Address

**PO Box 1474**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Dade City FL**

Zip

Country

**FLASCO**

Zip

**33526**

Country

**FLASCO**

4. FEI Number

**59-3706195**

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

**LARKIN, GORDON R  
 11825 OLD LAKELAND HWY  
 DADE CITY FL 33525**

Name

**Gordon R. Larkin**

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

**PO Box 1474 11825 Old Lakeland Hwy**

City

**Dade City FL**

FL

Zip Code

**33526**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D LARKIN, GORDON R 11825 OLD LAKELAND HWY DADE CITY FL 33525</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LARKIN, JOSEPHINE L 11825 OLD LAKELAND HWY DADE CITY FL 33525</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LARKIN, WILLIAM B 11825 OLD LAKELAND HWY DADE CITY FL 33525</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-01**

Date

**352-567-5143**

Daytime Phone #

CR2E037 (10/00)