

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00091

1. Entity Name

VILLAS AT CYPRESS RUN - WEST OWNERS' ASSOCIATION

Principal Place of Business

2669 ST ANDREWS BLVD
TARPON SPRINGS FL 34689

Mailing Address

2669 ST ANDREWS BLVD
TARPON SPRINGS FL 34689-6310

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

59-2344333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENNING, RICHARD R.
2630 ST. ANDREWS BLVD
TARPON SPRINGS, FL
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

ATKINSON, THOMAS

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

2629 ROYAL LIVERPOOL DR.

City

TARPON SPRINGS

FL

Zip Code

34689

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 *Thomas A. Atkinson*

Signature, typed or printed name of registered agent and title if applicable.

THOMAS ATKINSON, PRESIDENT 5/9/00

(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 NAME STREET ADDRESS CITY-ST-ZIP	D BAKKER, JAY 902 GULLANE DR TARPOON SPGS FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENNING, RICHARD R. 2630 ST. ANDREWS BLVD TARPON SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VANSCHENCK, STEPMAN 2602 ROYAL LIVERPOOL DR TARPON SPGS FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOLLOY, EARL 2600 ST. ANDREWS TARPON SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FORTINO, JOANN 922 GULLANE DR TARPON SPGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINSON THOMAS 2629 ROYAL LIVERPOOL DR. TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *EARL F. MOLLOY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 9, 2000 FAX 7-434-8042
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)