

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90050 036 ****61.25

DOCUMENT # NO1000003435

1. Entity Name

ESTATES AT BUCKHORN GOLF CLUB ASSOCIATION, INC.

Principal Place of Business

~~325 SOUTH BOULEVARD
 TAMPA FL 33606~~

Mailing Address

~~325 SOUTH BOULEVARD
 TAMPA FL 33606~~

2. Principal Place of Business

2308 FAIRWAY ESTATES CT.

3. Mailing Address

2308 FAIRWAY ESTATES CT.

Suite, Apt. #, etc.

VALRICO, FL

Suite, Apt. #, etc.

VALRICO, FL

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

33594

Country

HILLS

Zip

33594

Country

HILLS

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~JAMES, JUDITH L
 325 SOUTH BOULEVARD
 TAMPA FL 33606~~

7. Name and Address of New Registered Agent

Name

Troy Hawkins

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

4710 N. Cortez Ave

City

Tampa

FL

Zip Code

33614

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

8/12/02
 DATE

**After September 13, 2002,
 min. will be \$236.25.**

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	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPO, R.F.	
STREET ADDRESS	POST OFFICE BOX 2410	
CITY-ST-ZIP	BRANDON FL 33509	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPO, DANIEL E	
STREET ADDRESS	POST OFFICE BOX 2410	
CITY-ST-ZIP	BRANDON FL 33509	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAMES, JUDITH L	
STREET ADDRESS	325 SOUTH BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROY HAWKINS	
STREET ADDRESS	2308 FAIRWAY ESTATES CT.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD K. ADLIE	
STREET ADDRESS	2308 FAIRWAY ESTATES CT.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY GROOMS	
STREET ADDRESS	2306 FAIRWAY ESTATES CT.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]
SIGNATURE REQUIRED

RONALD K. ADLIE 9/10/02 813-871-4457

CR2E037 (4/02)