

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90321 010 ****61.25

DOCUMENT # NO1000008391

1. Entity Name

VILLAS DE CALIENTE ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1255
 LAND O'LAKES FL 34639

Mailing Address

P.O. BOX 1255
 LAND O'LAKES FL 34639

2. Principal Place of Business

6624 Caliente Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Land O'Lakes, FL

City & State

Zip

34639

Country

Pa sco

Country

4. FEI Number

65-1057926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BALDWIN, WILLIAM
1520 LAND O'LAKES BLVD.
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

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

6624 Caliente Blvd.

City

Land O'Lakes

FL

Zip Code

34639

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 **P** ☐ Delete
 NAME **BALDWIN, WILLIAM**
 STREET ADDRESS **P.O. BOX 1255**
 CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE **V** ☐ Delete
 NAME **FOSTER, CHARLES E**
 STREET ADDRESS **P.O. BOX 1255**
 CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE **ST** ☒ Delete
 NAME **MOSS, PAUL H**
 STREET ADDRESS **P.O. BOX 1255**
 CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☒ Change ☐ Addition
 NAME **Fred Schultz**
 STREET ADDRESS **19235 Hwy. 41 N.**
 CITY-ST-ZIP **Lutz, FL 34639**

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

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

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: *Charles E Foster* **SIGNATURE REQUIRED** *4-26-02* **813-996-3700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)