2000 UNIFORM BUSINESS REPORT (UBR)

with an address.

changed, or on an attachmer

SIGNATURE:

FILED DOCUMENT # N03982 May 01, 2000 8:00 am 1. Entity Name Secretary of State TARA VILLAGE RESIDENTS ASSOCIATION, INC. 05-01-2000 90483 004 ****61.25 Principal Place of Business Mailing Address 111 TARA LANE 82 BUTLER CIRCLE TARA VILLAGE TARA VILLAGE LEESBURG FL 34788 LEESBURG FL 34788-2541 3. Mailing Address 62 PLANTATION RD. 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2448772 BuRG ES Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK ROAD MOREY, MARY 82 BUTLER CIR TARA VILLAGE **LEESBURG FL 34788** EESBURG this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE \$5.00 May Be " Make Check Payable to 9. Election Campaign Financing FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** .₹. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS >--TITLE ☐ Addition Delete TITLE MORRIS, DWIGHT NAME NAME STREET ADDRESS STREET ADDRESS 68 BUTLER CIR CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34788 Change LVPD Addition FVPD 🔀 Delete TITLE COLE GEORGE TOM 42 O'HARA STREET WILKINS, DOLORES NAME STREET ADDRESS STREET ADDRESS 110 BUTLER CIRCLE W. CITY-ST-ZIP EESBURG, FL. CITY-ST-ZIP LEESBURG FL SVPD HIGHSMITH, FRANK SVPD Change **Addition** TITI F "Jelete COLE, GEORGE TOM NAME STREET ADDRESS 57 PLANTATION ROAD STREET ADDRESS 42 O'HARA STREET ~ CITY-ST-ZIP LEESBURG FL CITY-ST-ZIP LEES BURG Change ☐ Addition SD TITLE ☐ Delete NITSCHKE, JANE NAME NAME STREET ADDRESS STREET ADDRESS **59 PLANTATION RD** CITY-ST-ZIE CITY-ST-ZIP LEESBURG FL 34-7888 Delete ☐ Change **X** Addition TITLE TITLE CLARK FRANK TO 62 PLANTATION ROAD MOREY, MARY NAME NAME 82 BUTLER CIRCLE E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EESBURG Leesburg fl ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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