

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90264 026 ****61.25

0065192

DOCUMENT # N03982

1. Entity Name

TARA VILLAGE RESIDENTS ASSOCIATION, INC.

Principal Place of Business

111 TARA LANE
TARA VILLAGE
LEESBURG FL 34788
US

Mailing Address

62 PLANTATION RD
LEESBURG FL 34788
US

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

59-2448772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CLARK, FRANK S
62 PLANTATION VILLAGE
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **PD** ☒ Delete
NAME **MORRIS, DWIGHT**
STREET ADDRESS **68 BUTLER CIR**
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **SVPD** ☐ Delete
NAME **COLE, GEORGE TOM**
STREET ADDRESS **42 O'HARA STREET**
CITY-ST-ZIP **LEESBURG FL**

TITLE **SD** ☒ Delete
NAME **NITSCHKE, JANE**
STREET ADDRESS **59 PLANTATION RD**
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **TD** ☐ Delete
NAME **CLARK, FRANK S**
STREET ADDRESS **62 PLANTATION ROAD**
CITY-ST-ZIP **LEESBURG FL 34788**

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 **P/D** ☒ Change ☐ Addition
NAME **COLE, GEORGE TOM**
STREET ADDRESS **42 O'HARA STREET**
CITY-ST-ZIP **LEESBURG, FL. 34788**

TITLE **V/D** ☐ Change ☒ Addition
NAME **HIGHSMITH, FRANK**
STREET ADDRESS **57 PLANTATION ROAD**
CITY-ST-ZIP **LEESBURG, FL. 34788**

TITLE **V/D** ☐ Change ☒ Addition
NAME **WILKINS, DOLORES**
STREET ADDRESS **110 BUTLER CIRCLE**
CITY-ST-ZIP **LEESBURG, FL. 34788**

TITLE **V/D** ☐ Change ☒ Addition
NAME **QUALKEN BUSH, JOHN**
STREET ADDRESS **19 ASHLEY AVE.**
CITY-ST-ZIP **LEESBURG, FL. 34788**

TITLE **V/D** ☐ Change ☒ Addition
NAME **LAUCH, JOHN**
STREET ADDRESS **15 MELANIE LANE**
CITY-ST-ZIP **LEESBURG, FL. 34788**

TITLE **S/D** ☐ Change ☒ Addition
NAME **CHALKER, LAVERNE**
STREET ADDRESS **33 TARA LANE**
CITY-ST-ZIP **LEESBURG, FL. 34788**

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:

Frank S. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01
Date

(352) 360-0245
Daytime Phone #

CR2E037 (10/00)