

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06755

1. Entity Name

VILLAGE OF TAMPA MOBILE HOME OWNERS ASSOCIATION,

Principal Place of Business

VILLAGE MOBILE HOME PARK
1409 FOUR SEASONS BLVD
TAMPA FL 33613

Mailing Address

VILLAGE MOBILE HOME PARK
1409 FOUR SEASONS BLVD
TAMPA FL 33613-2330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, EDMUND J
1201 FOUR SEASONS BLVD
TAMPA FL 33613

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME HEANEY, ROBERT
STREET ADDRESS 1232 AUTUMN DR
CITY-ST-ZIP TAMPA FL 33613

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

TITLE P ☒ Delete
NAME ALAN, JERRY
STREET ADDRESS 1206 AUTUMN DR
CITY-ST-ZIP TAMPA FL 33613

TITLE Director ☐ Change ☐ Addition
NAME Greg Fister
STREET ADDRESS 1250 Autumn Dr
CITY-ST-ZIP Tampa FL 33613

TITLE S ☐ Delete
NAME RICHARDSON, CONNIE
STREET ADDRESS 1409 FOUR SEASONS BLVD
CITY-ST-ZIP TAMPA FL 33613

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

TITLE V ☒ Delete
NAME CROWLEY, JIM
STREET ADDRESS 1375 AUTUMN DR
CITY-ST-ZIP TAMPA FL 33613

TITLE Vice President ☐ Change ☒ Addition
NAME Covert Inc. Emery Esq.
STREET ADDRESS 1221 Four Seasons Blvd
CITY-ST-ZIP Tampa FL 33613

TITLE D ☐ Delete
NAME GAZZO, CHRIS
STREET ADDRESS 1263 AUTUMN DR
CITY-ST-ZIP TAMPA FL 33613

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

TITLE T ☐ Delete
NAME ROSE, EDMUND J
STREET ADDRESS 1201 FOUR SEASONS BLVD
CITY-ST-ZIP TAMPA FL 33613

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: Edmund J. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00 813-977-6524
Date Daytime Phone #

CR2E037 (9/99)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90074 012 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required