## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # N15096 05-16-2000 90179 018 \*\*\*\*61.25 SOMERSET LAKES NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 10132 P.O. BOX 10132 LARGO FL 33773-0132 LARGO FL 33773-0132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2684730 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCHMORR, CHARLIE 8436 121 AVENUE NORTH LARGO FL 33773 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be $\Box$ Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **Delete Addition** DS Change TITLE TITLE Kinzer BARTZ, AMY B NAME Place N 1215 STREET ADDRESS STREET ADDRESS 8416 12373 84TH WAY CITY-ST-ZIP CITY-ST-ZIP 33773 LARGO FL 33773 ☐ Delete TITLE Change Addition NAME COLEMAN, JOAN NAME STREET ADDRESS STREET ADDRESS 8491- 121 AVE N CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 ☐ Delete ☐ Change ☐ Addition TITLE NAME COLEMAN, RICHARD STREET ADDRESS STREET ADDRESS 8491 - 121ST AVE N CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 ☐ Delete D TITLE Addition TITLE NAME NAME BARZEN, WILLIAM STREET ADDRESS STREET ADDRESS 11845 - 84TH WAY N CITY-ST-ZIF CITY-ST-ZIP

Largo 12. Lhereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

TITLE

NAME

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STREET ADDRESS

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Frank

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SIGNATURE:

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<u> Largo FL 33773</u>

MITCHELL, ALAN

**LARGO FL 33773** 

121ST ST N

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