

# 2000 UNIFORM BUSINESS REPORT (UBR)

0006991

DOCUMENT # N15520

1. Entity Name

EMBASSY PLAZA CONDOMINIUM ASSOCIATION, INC.

FILED  
CLERK OF DISTRICT COURT  
DIVISION OF CORPORATIONS  
00 SEP 25 AM 10:13

Principal Place of Business

Mailing Address

13839 U.S. HIGHWAY 98 BYPASS  
DADE CITY FL 33525

13839 U.S. HIGHWAY 98 BYPASS  
DADE CITY FL 33525

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

59-2712553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLAIN, JOE A  
37908 CHURCH AVENUE  
DADE CITY FL 33525

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

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	SMITH, STEPHEN P.	
STREET ADDRESS	13839 U.S. HIGHWAY 98 BYPASS	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, HJALMA E	
STREET ADDRESS	13825 U.S. HIGHWAY 98 BYPASS	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBERTS, KEVIN T	
STREET ADDRESS	13924 7TH STREET	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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-10/05/00--01021  
\*\*\*\*236.25 \*\*\*\*236.25

9/28

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00

352 567 2933

Date

Daytime Phone #

CR2E037 (5/00)