

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90472 001 ****61.25
 06-19-2002 90472 002 ****8.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # N20478

1. Entity Name
BRANDON TRACES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1932 SARAH LOUISE DR 1932 SARAH LOUISE DR
BRANDON FL 33510 BRANDON FL 33510

2. Principal Place of Business 3. Mailing Address
1825 Tarah Trace Dr 1825 Tarah Trace Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Brandon FL Brandon FL
 City & State City & State
Brandon FL

Zip Country Zip Country
33510 Hillsborough 33510 Hillsborough

4. FEI Number **59-3032863** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HEMNESS, GERALD
1932 SARAH LOUISE DR
BRANDON FL 33510

7. Name and Address of New Registered Agent
 Name **ED Smith**
 Street Address (P.O. Box Number is Not Acceptable)
1825 Tarah Trace Dr
 City **Brandon FL** Zip Code **33510**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNETT, BILL 1924 SARAH LOUISE DRIVE BRANDON FL 33510	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMNESS, GERALD 1932 SARAH LOUISE DR BRANDON FL 33510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ED 1825 TARAH TRACE DRIVE BRANDON FL 33510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patrick LEE 2608 Sarah Louise Dr. Brandon FL 33510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **1/29/02 813/689/8725**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)