

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N22959**

1. Entity Name

**THE RESERVE HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90065 034 \*\*\*\*61.25

Principal Place of Business 16101 COMPTON DR. TAMPA FL 33647 US	Mailing Address 16101 COMPTON DR. TAMPA FL 33647-1078 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-6901944</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**MEZER, STEVEN H P.A.**  
**1212 COURT STREET SUITE B**  
**CLEARWATER FL 33756**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>LAVAN, LISA</b>
STREET ADDRESS	<b>15505 THORNHURST CT</b>
CITY-ST-ZIP	<b>TAMPA FL 33647</b>
TITLE	<b>VPD</b> <input type="checkbox"/> Delete
NAME	<b>ARRINGTON, AMY</b>
STREET ADDRESS	<b>6334 MACLAURIN DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33647</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>HENSLEIGH, MARK</b>
STREET ADDRESS	<b>15611 COCHESTER DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33647</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>PAUTLER, CAROL</b>
STREET ADDRESS	<b>6363 MACLAURIN DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33647</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LOYD, DOUGLAS</b>
STREET ADDRESS	<b>15802 AMBERY DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33647</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>5</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRICK, MARY</b>
STREET ADDRESS	<b>6305 MACLAURIN DRIVE</b>
CITY-ST-ZIP	<b>TAMPA, FL. 33647</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)