

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23294

1. Entity Name

SOUTHCHASE PROPERTY OWNERS' ASSOCIATION, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90998 049 ****70.00

Principal Place of Business

%SOUTHCHASE. LTD.
4830 W KENNEDY BLVD #740
TAMPA FL 33609

Mailing Address

%SOUTHCHASE. LTD.
4830 W KENNEDY BLVD #740
TAMPA FL 33609

LU033403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4890 W. Kennedy Boulevard

Suite, Apt. #, etc.
Suite #850

City & State
Tampa, Florida

Zip
33609-1863

Country
USA

3. Mailing Address

4890 W. Kennedy Boulevard

Suite, Apt. #, etc.
Suite #850

City & State
Tampa, Florida

Zip
33609-1863

Country
USA

4. FEI Number

59-2761635

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAY, JACK H.
4830 W. KENNEDY BLVD.
NUMBER 740
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4890 W. Kennedy Boulevard

Suite #850

City

Tampa

FL

Zip Code
33609-1863

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAY, JACK H. 4830 W KENNEDY BLVD #740 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSS, SAMUEL K. 4830 W KENNEDY BLVD #740 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEAHAN, MICHAEL J. TWO SOUTH ORANGE PLAZA ORLANDO FL	<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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863	<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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel K. Ross

4-26-2001

Date

813.286.4140

Daytime Phone #

CR2E037 (10/00)