

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90064 016 \*\*\*\*61.25

**DOCUMENT # N31292**

1. Entity Name

**BRENTWOOD HILLS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 7078  
 WESLEY CHAPEL FL 33543

1301 SEMINOLE BLVD  
 S172  
 LARGO FL 33770-8173  
 US

CO041682



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10033 9th St N.

10033 9th St N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd fl.

2nd fl.

City & State

City & State

St. Petersburg, FL

St. Petersburg FL

Zip Country  
 33716 USA

Zip Country  
 33716 USA

4. FEI Number

59-2948931

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

STOOPS, MARK S  
 1301 SEMINOLE BLVD  
 S172  
 LARGO FL 34640

Name Brian K. Smith

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

10033 9th St. North

City St. Petersburg FL Zip Code 33716

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 BRIAN K. SMITH, MANAGING AGENT B K Smith 2-7-00  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	FESS, JACK	P O BOX 7078 N/A WESLEY CHAPEL FL		<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	DAY, DARRELL	1809 SAND HOLLOW LANE VALRICO FL 33594		<input type="checkbox"/>	<input type="checkbox"/>
V	LEAVITT, TOM	815 SANDY TR. PLACE BRANDON FL 33511		<input type="checkbox"/>	<input type="checkbox"/>
S	HUBER, GEORGE	1405 DEW BLOOM RD. VALRICO FL 33594		<input type="checkbox"/>	<input type="checkbox"/>
T	PILLAY, KRISH	536 TUSCANNY PARK LOOP BRANDON FL 33511		<input type="checkbox"/>	<input type="checkbox"/>
D	TAYLOR, ALAN	PO BOX 708 WESLEY CHAPEL FL 33543		<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Plesko, Gregory	1205 Laurie Sue Court Brandon, FL 33511		<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Atkins, Douglas	529 Tuscanby Street Brandon, FL 33511		<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Miller, John	504 Tuscanby St. Brandon, FL 33511		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

2/8/00  
 Date

813-978-5326  
 Daytime Phone #

CR2E037 (9/99)