

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31575

1. Entity Name

TARA HOMEOWNERS ASSOCIATION I, INC.

Principal Place of Business

Mailing Address

P.O. BOX 20253
BRADENTON FL 34203-0253

P.O. BOX 20253
BRADENTON FL 34204-0253

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90051 020 ****61.25



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

Zip

Country

4. FEI Number

65-0125427

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

Name

Kenneth Price

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

6435 Stone River Rd

City

Bradenton

FL

Zip Code

34203

BAKER, FRANCIS
6913 STONE RIVER ROAD
BRADENTON FL 34203

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

Kenneth Price

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-2000

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	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JACK	
STREET ADDRESS	6514 STONE RIVER ROAD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRAULT, SHIRLEY	
STREET ADDRESS	6409 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BAKER, FRANCIS	
STREET ADDRESS	6913 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GEIGLE, GEORGE	
STREET ADDRESS	6423 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DICEGLIE, MARGARET	
STREET ADDRESS	6401 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emma Jean Sargent	
STREET ADDRESS	6512 Stone River Rd	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sally Swanson	
STREET ADDRESS	6442 Stone River Rd	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Price	
STREET ADDRESS	6435 Stone River Rd	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Boudrie	
STREET ADDRESS	6708 Stone River Rd	
CITY-ST-ZIP	Bradenton FL 34203	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
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

Emma Jean Sargent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-8-00

Daytime Phone #

941-758-9682

CR2E037 (9/99)