

2000 UNIFORM BUSINESS REPORT (UBR)

3/8

FILED

May 04, 2000 8:00 am
Secretary of State

03-08-2000 90049 025 ****61.25

DOCUMENT # N32226

1. Entity Name

DESOTO VILLAGE HOME OWNERS, INC.

Principal Place of Business

4810 HWY 72 NW
LOT 302
ARCADIA FL 33821
US

Mailing Address

4810 HWY 72 NW
LOT ~~425~~ 302
ARCADIA FL 34266
USPLEASE
CHANGE TO

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

65-0133133

Applied For

☒ Not Applicable5. 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

HUMMER, JAM
4810 HIGHWAY 72 NW
LOT 171
ARCADIA FL 34266

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

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DAWNS, SHARON | |
| STREET ADDRESS | 4810 HWY 72 LOT 116 | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | FORSYTHE, LEWIS | |
| STREET ADDRESS | 4810 HWY 72 LOT 163 | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | SKILLMAN, PATRICIA | |
| STREET ADDRESS | 4810 HWY 72 LOT 138 | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | HUMMER, JAN | |
| STREET ADDRESS | 4810 HWY 72 LOT 171 | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PETER BILCONI | |
| STREET ADDRESS | 4810 HWY 72 LOT 109 D | |
| CITY-ST-ZIP | ARCADIA, FL 34266 | |
| TITLE | VIC. PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARD UORIE | |
| STREET ADDRESS | 4810 HWY 72 LOT 115 | |
| CITY-ST-ZIP | ARCADIA, FL 34266 | |
| TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHARON HUTCHINS | |
| STREET ADDRESS | 4810 HWY 72 LOT 175 | |
| CITY-ST-ZIP | ARCADIA, FL 34266 | |
| TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES CAMPBELL | |
| STREET ADDRESS | 4810 HWY 72 LOT 96 | |
| CITY-ST-ZIP | ARCADIA, FL 34266 | |
| 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 #

3-8-00

863 491 7052

CR2E037 (9/99)