

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90006 032 ****61.25

DOCUMENT # N38125

1. Entity Name

TOBACCO ROAD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 964
 HAVANA FL 32333
 US

P.O. BOX 964
 HAVANA FL 32333-0964
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2136699

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BASS, WANETA
~~2016 TOBACCO ROAD~~
 HAVANA FL 32333

Name *Bass, Waneta*
 Street Address (P.O. Box Number is Not Acceptable)

208 Tobacco Rd.

City *Havana* **FL** Zip Code *32333*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HULL, JEANNE	
STREET ADDRESS	2005 TOBACCO ROAD	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARD, MARY JO	
STREET ADDRESS	2203 DUTCH MASTER DR	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RALICKI, ELIZABETH J	
STREET ADDRESS	2400 TAMPA NUGGET	
CITY-ST-ZIP	HAVANA FL	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	BASS, WANETA	
STREET ADDRESS	2016 TOBACCO ROAD	
CITY-ST-ZIP	HAVANA FL	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	STILLWELL, BETHALINN	
STREET ADDRESS	2018 TOBACCO ROAD	
CITY-ST-ZIP	HAVANA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hull, Jeanne	
STREET ADDRESS	71 Tobacco Rd.	
CITY-ST-ZIP	Havana, FL 32333	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ward, Mary Jo	
STREET ADDRESS	51 Dutch Master Dr.	
CITY-ST-ZIP	Havana, FL 32333	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralicki, Elizabeth J.	
STREET ADDRESS	14 Tampa Nugget	
CITY-ST-ZIP	Havana, FL 32333	
TITLE	CTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bass, Waneta	
STREET ADDRESS	208 Tobacco Rd.	
CITY-ST-ZIP	Havana, FL 32333	
TITLE	CTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stillwell, Bethalinn	
STREET ADDRESS	216 Tobacco Rd.	
CITY-ST-ZIP	Havana, FL 32333	
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:

Waneta Bass
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2000
 Date

(250) 539-1668
 Daytime Phone #

CR2E037 (9/99)