

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90397 029 ****61.25

DOCUMENT # **N 3844B**

1. Entity Name
COOPER'S POND OWNERS ASSOC., INC.

Principal Place of Business

Mailing Address

PO BOX 22
LUTZ, FL 33549

P.O. BOX 22
LUTZ, FL 33549

00066640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA

USA

6. Name and Address of Current Registered Agent

4. FEL Number

Applied For

59-3022590

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	GEOFFREY KENNEDY	
STREET ADDRESS	2252 GROVELAND DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	THOMAS VONBRAUNSBURG	
STREET ADDRESS	2254 GROVE LAND DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ROBERT PARKER	
STREET ADDRESS	2250 GROVELAND DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	GARY MILLER	
STREET ADDRESS	2228 GROVELAND DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	DAVID BRINKLEY	
STREET ADDRESS	2236 GROVELAND DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	Kelly vonBraunsberg	
STREET ADDRESS	2251 Groveland Dr	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENEE SMILEE	
STREET ADDRESS	2249 GROVELAND DR	
CITY-ST-ZIP	LUTZ FL 33549	
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		
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 #

4/24/00 (813) 948-9032

CR2E037 (9/99)