

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40697

1. Entity Name

THE ESTATES OF COUNTRYWAY HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE FL 33637  
US

7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE FL 33637-5734  
US

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

59-3056920

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

MEZZER, STEVEN P  
1212 COURT ST, STE B  
CLEARWATER FL 34616

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 Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
NAME COUSINS, THOMAS S  
STREET ADDRESS 11228 BLOOMINGTON DR  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME MOORE, EARL  
STREET ADDRESS 11315 BLOOMINGTON DR  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KENNEDY, TERESA  
STREET ADDRESS 11322 BLOOMINGTON DR  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME THOMSON, MICHELE  
STREET ADDRESS 11320 BLOOMINGTON DR  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☐ Delete  
NAME BELL, CHERYL  
STREET ADDRESS 11328 BLOOMINGTON DRIVE  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Thomas Cousins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Thomas Cousins

2-23-00

813-480-7000

Date

Daytime Phone #

CR2E037 19/99



DO NOT WRITE IN THIS SPACE