

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42068

i. Entity Name

BUCKHORN ESTATES HOMEOWNER'S ASSOCIATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90191 031 ***61.25

Principal Place of Business

Mailing Address

P.O. BOX 308
VALRICO FL 33596
US

P.O. BOX 308
VALRICO FL 33596-0308
US

00032170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3053617

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

Name

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

City

FL

Zip Code

WELLS, LINDA
2517 BUCKNELL DR
VALRICO FL 33594

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TD	RAVINS, PAM	2502 ARBORWOOD	VALRICO FL				
SD	ROBERTS, JACK	2505 BRIM HOLLOW	VALRICO FL				
D	ANDERSON, ARNINE	2801 BRIAN HOLLY	VALRICO FL				
VD	ABATE, NICK	2601 GREATVIEW	VALRICO FL				
D	CAHELA, RICK	2608 CRESTFIELD	VALRICO FL 33594				
DP	MEKHAIL, JULIE	2430 BUCKNELL	VALRICO FL				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jack Roberts* (JACK ROBERTS) 4/11/00 (813) 875-1365

CR2E037 (9/99)