

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90047 026 \*\*\*\*70.00

**DOCUMENT # N42068**  
 1. Entity Name  
**BUCKHORN ESTATES HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business P.O. BOX 308 VALRICO FL 33595 US	Mailing Address P.O. BOX 308 VALRICO FL 33595 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 1586 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1586 Suite, Apt. #, etc.
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City & State VALRICO FL	City & State VALRICO FL	4. FEI Number 59-3053617	Applied For Not Applicable
Zip 33595	Country	Zip 33595	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
 WELLS, LINDA  
 2517 BUCKNELL DR  
 VALRICO FL 33594

7. Name and Address of New Registered Agent  
 Name: Rex BUSH  
 Street Address (P.O. Box Number is Not Acceptable):  
 2610 FREELAND DR.  
 City: VALRICO FL FL Zip Code: 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: Rex Bush Rex BUSH Treasurer 4-6-01  
Signature, type 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, JACK 2505 BRIM HOLLOW VALRICO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ARNINE 2801 BRIAN HOLLY VALRICO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABATE, NICK 2601 GREATVIEW VALRICO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHELA, RICK 2608 CRESTFIELD VALRICO FL 33594	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEKHAIL, JULIE 2430 BUCKNELL VALRICO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KENNY FALIERO 2635 GREEN VALLEY ST VALRICO FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D KEVIN DORSEY 2721 BRIAN HOLLY DR. VALRICO FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Rex BUSH 2610 FREELAND DR. VALRICO FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D JENNIFER FALIERO 2635 GREEN VALLEY ST. VALRICO FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN BALDWIN 2409 BUCKNELL DR. VALRICO FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAIL BALDWIN 2409 BUCKNELL DR. VALRICO FL 33594	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rex Bush (813) 4-6-01 654-9460  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)