

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

2. Principal Place of Business

P.O. Box 1586

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1586

Suite, Apt. #, etc.

City & State

VALRICO FL

Zip

33595

Country

City & State

VALRICO FL

Zip

33595

Country

4. FEI Number

59-3053617

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

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

[Signature]

Rex BUSH Treasurer

4-6-01

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

TITLE **SD** ☒ Delete
NAME **ROBERTS, JACK**
STREET ADDRESS **2505 BRIM HOLLOW**
CITY-ST-ZIP **VALRICO FL**

TITLE **D** ☒ Delete
NAME **ANDERSON, ARNINE**
STREET ADDRESS **2801 BRIAN HOLLY**
CITY-ST-ZIP **VALRICO FL**

TITLE **VD** ☒ Delete
NAME **ABATE, NICK**
STREET ADDRESS **2601 GREATVIEW**
CITY-ST-ZIP **VALRICO FL**

TITLE **D** ☒ Delete
NAME **CAHELA, RICK**
STREET ADDRESS **2608 CRESTFIELD**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **DP** ☒ Delete
NAME **MEKHAIL, JULIE**
STREET ADDRESS **2430 BUCKNELL**
CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition
NAME **KENNY FALIERO**
STREET ADDRESS **2635 GREEN VALLEY ST**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **V/D** ☒ Change ☐ Addition
NAME **KEVIN DORSEY**
STREET ADDRESS **2721 BRIAN HOLLY dr.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **T/D** ☒ Change ☐ Addition
NAME **REX BUSH**
STREET ADDRESS **2610 FREELAND dr.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **S/D** ☒ Change ☐ Addition
NAME **JENNIFER FALIERO**
STREET ADDRESS **2635 GREEN VALLEY ST.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **D** ☒ Change ☐ Addition
NAME **JOHN BALDWIN**
STREET ADDRESS **2409 BUCKNELL dr.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **D** ☐ Change ☐ Addition
NAME **GAIL BALDWIN**
STREET ADDRESS **2409 BUCKNELL dr.**
CITY-ST-ZIP **VALRICO FL 33594**

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(813)
4-6-01 654-9460**

Date Daytime Phone #

CR2E037 (10/00)