

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-18-2000 90078 047 ****61.25

DOCUMENT # N43439

1. Entity Name

HOMES OF REGENCY COVE, INC.

Principal Place of Business

Mailing Address

4851 GANDY BLVD. - OFFICE
 TAMPA FL 33611

4851 GANDY BLVD. - OFFICE
 TAMPA FL 33611-6015

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

59-2654048

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODWIN, ROBERT T
4851 W GANDY BLVD 808L40
4851 GANDY BLVD.
TAMPA FL 33611

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 **DWS** Delete
 NAME **COURCHESNE, ELEANOR**
 STREET ADDRESS **4851 W GANDY BLVD 3 PELICAN**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE **PP** Change Addition
 NAME **Daniel Dillon**
 STREET ADDRESS **4851 W. Gandy Blvd. 808L04**
 CITY-ST-ZIP **Tampa, FL 33611**

TITLE **DS** Delete
 NAME **HEALEY, THOMAS J**
 STREET ADDRESS **4851 W GANDY BLVD 20 CANAL**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** Change Addition
 NAME **Edward Bedore**
 STREET ADDRESS **4851 W. Gandy Blvd 1054508 Blvd**
 CITY-ST-ZIP **Tampa, FL 33611**

TITLE **D** Delete
 NAME **LIDSTONE, WAYNE**
 STREET ADDRESS **4851 W GANDY BLVD B04L38**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** Change Addition
 NAME **Louise Pool**
 STREET ADDRESS **4851 W. Gandy Blvd. 808L30**
 CITY-ST-ZIP **Tampa, FL 33611**

TITLE **DT** Delete
 NAME **GOODWIN, ROBERT**
 STREET ADDRESS **4851 GANDY BLVD 8 LOT 40**
 CITY-ST-ZIP **TAMPA FL**

TITLE **D** Change Addition
 NAME **Douglas, Cam**
 STREET ADDRESS **4851 W. Gandy Blvd 811L41**
 CITY-ST-ZIP **Tampa, FL 33766**

TITLE **D** Delete
 NAME **SULLIVAN, WILLIAM**
 STREET ADDRESS **4851 GANDY BLVD B14L34**
 CITY-ST-ZIP **TAMPA FL**

TITLE **D** Change Addition
 NAME **Walter Sousa**
 STREET ADDRESS **4851 W. Gandy Blvd. 2 Pelican Drive**
 CITY-ST-ZIP **Tampa, FL 33611**

TITLE **DV** Delete
 NAME **NIMON, ELLEN**
 STREET ADDRESS **4851 W GANDY BLVD 12 SUNSET**
 CITY-ST-ZIP **TAMPA FL 33611**

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]* **ONE REQUIRED/ontek**

1/4/99 813 837-5441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #