

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50986

1. Entity Name

EGRET'S PASS HOMEOWNERS ASSOCIATION, INC.

f

FILED

00 SEP 25 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

16351 EGRET'S LANE
CEDAR KEY FL 32625
US

Mailing Address

16351 EGRET'S LANE
CEDAR KEY FL 32625
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3174569

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

NELSON, CHARLES R
378 PALMETTO DRIVE
CEDAR KEY FL 32625

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

After September 13, 2000 min. will be \$236.25

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 PD ☐ Delete
NAME NELSON, CHARLES R
STREET ADDRESS 16351 EGRET'S LANE
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE ☐ Change ☐ Addition
NAME 300003417849
STREET ADDRESS -10/09/00--01005--007
CITY-ST-ZIP *****70.00 *****70.00

TITLE VDST ☐ Delete
NAME MCJORDAN, WALTON
STREET ADDRESS 333 EASY STREET
CITY-ST-ZIP CEDAR KEY FL 32625

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

TITLE D ☐ Delete
NAME YATES, MICHAEL
STREET ADDRESS EASY ST.
CITY-ST-ZIP CEDAR KEY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Charles R. Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/00

Date

352-543-9598

Daytime Phone #

CR200376000

KE