

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000762

1. Entity Name

SKYLARK RO ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90008 023 ****61.25

Principal Place of Business

Mailing Address

SKYLARK R.O. ASSOCIATION
2526 S.R. 580 E
CLEARWATER FL 34621
US

SKYLARK R.O. ASSOCIATION
2526 S.R. 580 E
CLEARWATER FL 34621
US

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

59-3162412

Applied For

Not Applicable

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

TEEVAN, RONALD P
200 NORTH GARDEN AVENUE
SUITE A
CLEARWATER FL 34615

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	PD	<input type="checkbox"/> Delete
NAME	HUBBARD, JOHN K	
STREET ADDRESS	2526 SR 580E LOT 215	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, RICHARD M	
STREET ADDRESS	2526 SR 580E LOT 702	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HUTTON, AL	
STREET ADDRESS	2526 S.R. 580E LOT 719	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOLFE, ALFRED	
STREET ADDRESS	2526 S.R. 580E, LOT 412	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORNWELL, HELEN	
STREET ADDRESS	2526 STATE RD 580 E, LOT 501	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORBETT, DOUGLAS	
STREET ADDRESS	2526 S.R. 58 OE LOT 311	
CITY-ST-ZIP	CLEARWATER FL 33761	

TITLE	FIRST VICE PRESIDENT	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	PRESIDENT	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS F. MOSSON		
STREET ADDRESS	2526 S.R. 580E LOT #302		
CITY-ST-ZIP	CLEARWATER, FLORIDA 33761		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	SECOND VICE PRESIDENT	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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:

PRESIDENT: THOMAS F. MOSSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

(727) 796-1492

Date

Daytime Phone #

CR2E037 (9/99)