

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90036 050 \*\*\*\*61.25

**DOCUMENT # N93000000905**

1. Entity Name

**KELL ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 82025  
 TAMPA FL 33682  
 US

P O BOX 82025  
 TAMPA FL 33682-2025  
 US

2. Principal Place of Business

3. Mailing Address

**1506 E. Bearss Ave.**  
 Suite, Apt. #, etc.

**1506 E. Bearss Ave.**  
 Suite, Apt. #, etc.

City & State  
**Lutz, FL**

City & State  
**Lutz, FL**

Zip  
**33549**

Country  
**USA**

Zip  
**33549**

Country  
**US**

4. FEI Number  
**59-3319318**

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

**SPEAR, JO C ESQUIRE**  
**877 EXECUTIVE CENTER DR W**  
**GLADES BUILDING, SUITE 303**  
**ST PETERSBURG FL 33702**

Name  
**Spear, Jo Claire, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 Second Avenue South**  
**Suite 200S**  
 City  
**St. Petersburg, FL** Zip Code  
**33701**

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 

**Apr. 20, 2000**

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS CALDWELL, ROBERT W III 1635 B ROYAL PALM DRIVE GULFPORT FL 33707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT KEARNEY, RAYMOND J JR 1536 WATERWOOD DRIVE LUTZ FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS CALDWELL, ROBERT W III P.O. BOX 1971 BOCA GRANDE FL 33921	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Pimm, Wayne S. 19720 Kell Estates Lane Lutz, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Kearney, Raymond J., Jr. 1536 Waterwood Drive Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Rairigh, Raymond-L., Jr. 18902 Spring Hollow Drive Lutz, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Edmonson, Kevin K. 1012 Wisper Run Court Lutz, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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  **Wayne Pimm, President 4/20/00 (813) 909-1664**

CR2E037 (9/99)