

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004162

1. Entity Name

OLDFIELD HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90073 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6130 CANORY OAK CT  
NEW PORT RICHEY FL 34653

6130 CANORY OAK CT  
NEW PORT RICHEY FL 34653

2. Principal Place of Business

3. Mailing Address

*SAME AS ABOVE*

*SAME AS ABOVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

TAYLOR, WILLIAM F  
6130 CANOPY OAKS CT  
NEW PORT RICHEY FL 34653

Name

*N/A*

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 ☐ Delete  
NAME TAYLOR, WILLIAM F  
STREET ADDRESS 6130 CANOPY OAKS CT  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE VD ☒ Delete  
NAME DELUCA, FRANK  
STREET ADDRESS 6130 CANOPY OAKS COURT  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☒ Change ☒ Addition  
NAME STEVE EMERSON  
STREET ADDRESS 6113 CANOPY OAKS CT  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE TST ☐ Delete  
NAME HANLON, MARIE  
STREET ADDRESS 6041 CANOPY OAKS COURT  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *William F. Taylor* WILLIAM F. TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-31-00 727 844 5450*

CR2E037 (9/99)