

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004162

1. Entity Name

OLDFIELD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6130 CANOPY OAK CT
NEW PORT RICHEY FL 34653

Mailing Address

6130 CANOPY OAK CT
NEW PORT RICHEY FL 34653

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE VD
NAME EMERSON, STEVE
STREET ADDRESS 6113 CANOPY OAKS CT
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE TST
NAME TAYLOR, WILLIAM F.
STREET ADDRESS 6130 CANOPY OAKS CT.
CITY-ST-ZIP NEW PORT RICHEY, FLA. 34653 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 affidavit, with all other like empowered.

SIGNATURE: William F. Taylor, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90052 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

3/28/01

727 844-5450

Date

Daytime Phone #