

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000006064

1. Entity Name

LA CASA HOMEOWNERS OF SARASOTA COUNTY INC.

FILED

Jan 26, 2001 8:00 am  
Secretary of State

01-26-2001 90079 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

419 TARDE LOGO  
NORTH PORT FL 34287  
US ~~DELETE~~

650 ALVARADO  
NORTH PORT FL 34287  
US ~~DELETE~~

2. Principal Place of Business

3. Mailing Address

535 LA PLAYA → 535 LA PLAYA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH

City & State

City & State

NORTH PORT FLA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

34287

SARASOTA

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

KITTLE, EDWIN H.  
419 TARDE LOGO CIR  
NORTH PORT FL 34287 →

Name

THOMAS HOLLAND

Street Address (P.O. Box Number is Not Acceptable)

427 MADONNA

NORTH PORT FLA

City

FL

Zip Code

34287

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

Thomas Holland TREAS.

Jan 16-2001

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	P EVANS, JAMES 535 LA PLAYA NORTH PORT FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, RUSS 620 LOS ALTOS NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSER, ROBERT 629 LASALA NORTH PORT FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KITTLE, EDWIN 419 TARDE LOGO NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DONALD 525 SAN CLEMENTE NORTH PORT FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, SYLVIA 435 LOMA LINDA NORTH PORT FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. THOMAS HOLLAND 427 MADONNA N.P. FLA 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL DEVINS 236-LA COSTA N.P. FLA 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. DELL ELIAS 318 ROBALO N.P. FLA 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SANDRA DARBY 427 TARDE LOGO N.P. FLA 34287	<input checked="" type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS HOLLAND  
1-16-2001

CR2E037 (10/00)