

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000 610

Entity Name
Hidden Pines at Country Side
Homeowners Association, Inc.

Principal Place of Business
2595 Tampa Rd
Suite H
Palm Harbor FL 34684

Mailing Address
Same

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number
59-3383992

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

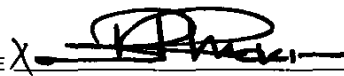
6. Name and Address of Current Registered Agent

MJ Smith
2455 Hickman Cir
Clearwater FL
34621

7. Name and Address of New Registered Agent

Name Jeff Rudkin
Street Address (P.O. Box Number is Not Acceptable)
2595 Tampa Rd Suite H
City Palm Harbor FL Zip Code 34684

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.

R.J. RUDKIN

10.30.00

(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 D
NAME B Duval
STREET ADDRESS 2486 Hickman Circle
CITY-ST-ZIP Clearwater FL 34621 ☒ Delete

TITLE D
NAME Michael J. Smith
STREET ADDRESS 2455 Hickman Circle
CITY-ST-ZIP Clearwater FL 34621 ☒ Delete

TITLE D
NAME Jeff Skein
STREET ADDRESS 2457 Hickman Circle
CITY-ST-ZIP Clearwater FL 34621 ☒ 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 D/P
NAME Steve Wacholz
STREET ADDRESS 2451 Hickman Circle
CITY-ST-ZIP Clearwater FL 33761 ☐ Change ☒ Addition

TITLE D/S
NAME Tina Dattilo
STREET ADDRESS 2472 Hidden Pines Ln
CITY-ST-ZIP Clearwater FL 33761 ☐ Change ☒ Addition

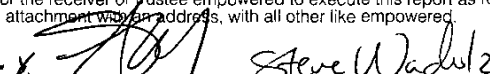
TITLE D/P
NAME Jeff Skein
STREET ADDRESS 2457 Hickman Circle
CITY-ST-ZIP Clearwater FL 33761 ☒ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813.354.1103-W
10-30-00 727.725.2746-H

Date

Daytime Phone #

CR2E037 (9/99)