

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90012 033 \*\*\*\*61.25

DOCUMENT # **N9600000899**

1. Entity Name

Berkeley Square Homeowners Assn., Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business  
**4131 Gunn Hwy**

3. Mailing Address  
**4131 Gunn Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip  
**33624**

Country  
**USA**

Zip  
**33624**

Country  
**USA**

4. FEI Number  
**59-3404945**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Greenacre Properties, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**4131 Gunn Highway**

City  
**Tampa**

**FL**

Zip Code  
**33624**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

**Sylvia Barrett** **Sylvia Barrett**

**4-5-00**

Date

Daytime Phone #