

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001350

1. Entity Name

COPPERFIELD II AT SUMMERFIELD FACILITIES ASSOCIA

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90062 001 ***306.25

Principal Place of Business

Mailing Address

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637-5734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3367826

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

DUARTE, ANTONIO III
11959 N. FLORIDA AVENUE
TAMPA FL 33199

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
LASHLEY, JAMES
311 PARK PLACE, SUITE 600
CLEARWATER FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MILLER, FRANCINE
311 PARK PLACE BLVD., SUITE 600
CLEARWATER FL 34619

☐ Delete

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NAME
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CITY - ST - ZIP
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CITY - ST - ZIP
PD
SELLINGER, JOHN
311 PARK PLACE BLVD., SUITE 600
CLEARWATER FL 34619

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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)(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

James Lashley 2-22-00

Date

688-5533

Daytime Phone #

CR2E037 (9/99)