

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2000 90849 049 ****61.25

DOCUMENT # N96000003681

1. Entity Name

KINGSHYRE AT CROSS CREEK HOMEOWNER'S ASSOCIATION

Principal Place of Business

**325 SOUTH BOULEVARD
 TAMPA FL 33606**

**325 SOUTH BOULEVARD
 TAMPA, FL 33606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3440311

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

Name

Street Address

City

**HANSON, JACK
 325 SOUTH BLVD.
 TAMPA, FL 33606**

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	Change	Addition
	D	<input type="checkbox"/> Delete			
TITLE	HULL, KURT	325 SOUTH BOULEVARD	TAMPA FL 33606	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	D	<input checked="" type="checkbox"/> Delete			
TITLE	HULL, ANN	325 SOUTH BOULEVARD	TAMPA FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	D	<input checked="" type="checkbox"/> Delete			
TITLE	MERRIMAN, CAROL	325 S BOUCEVARD	TAMPA FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/> Delete			
TITLE		<input type="checkbox"/> Delete			
TITLE		<input type="checkbox"/> Delete			
TITLE		<input type="checkbox"/> Delete			

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 another title empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00 (813)254-4554

Date

Daytime Phone #

CR2E037 19/99