

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2000 90849 006 \*\*\*\*61.25

**DOCUMENT # N96000005079**

1. Entity Name

**BUCKHORN RIDGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

325 S. BLVD  
 TAMPA FL 33611

325 SOUTH BOULEVARD  
 TAMPA, FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3407836**

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

**HANSON, JACK B**  
**325 S. BLVD.**  
**TAMPA FL 33606**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACKEY, JOE F	NAME	HORNE, CHAD
STREET ADDRESS	5401 SOUTH DALE MABRY HWY.	STREET ADDRESS	5401 S. DALE MABRY HWY.
CITY-ST-ZIP	TAMPA FL 33611	CITY-ST-ZIP	TAMPA, FL 33611
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTON, LANCE	NAME	
STREET ADDRESS	5401 SOUTH DALE MABRY HWY.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, ROBERT L	NAME	
STREET ADDRESS	5401 SOUTH DALE MABRY HWY.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

*Robert L. Allison*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-2870(813)254-4554

Date

Daytime Phone #

CR2E037 (9/99)

00093193



DO NOT WRITE IN THIS SPACE