

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 22, 2001 8:00 am
Secretary of State

04-12-2001 90042 021 ****61.25

DOCUMENT # N96000005146

1. Entity Name

ARROW POINTE ESTATES/ DEER RUN ESTATES HOMEOWNER

Principal Place of Business

Mailing Address

829 BLUE HERON BLVD
RUSKIN FL 33570-3813

829 BLUE HERON BLVD
RUSKIN FL 33570-3813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WARD, CAROL H
829 BLUE HERON BLVD
RUSKIN FL 33570

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	D BERKSTRESSER, ROBERT 11918 FLINT POINT PL THONOTOSASSA FL 33592 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAND, SCOTT 11902 FLINT POINT PL THONOTOSASSA FL 33592 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEUBE, CARI A 9910 ARROW POINTE CT THONOTOSASSA FL 33592 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOLLY, THERESA 11914 FLINT POINT PL THONOTOSASSA FL 33592 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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	T De Voe, Cari A. 9910 Arrow Pointe Ct. Thonotosassa, FL 33592 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Le Grant, Sharon 9901 Arrow Pointe Ct Thonotosassa, FL 33592 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lowe, Forrest M. 9906 Arrow Pointe Ct. Thonotosassa, FL 33592 ☐ 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: Carol Ward RECAROL H Ward, Agent 4-9-01 813-641-9471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

x Scott C. Land

4-30-01 813-986-8282

CR2E037 (10/00)