

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000104

1. Entity Name

SOUTH COURT HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90058 028 ****61.25

Principal Place of Business

Mailing Address

2406 JETTON AVENUE
TAMPA FL

2406 JETTON AVENUE
TAMPA FL 33629-4721

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

59-3618984

4. FEI Number

APPLIED FOR

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

EVANS, DONALD C
2406 JETTON AVENUE
TAMPA FL

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]

1/26/2000

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	DP	<input type="checkbox"/> Delete
NAME	EVANS, DONALD C	
STREET ADDRESS	2406 JETTON AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, BARBARA L	
STREET ADDRESS	2406 JETTON AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DTG	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, WILLIAM O	
STREET ADDRESS	3801 BAY TO BAY BLVD.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara L. EVANS	
STREET ADDRESS	2406 Jetton Ave	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holly Hunt	
STREET ADDRESS	2402 Jetton Ave	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

(813) 250-1282

Daytime Phone #

CR2E037 (9/99)

N98000000104

8167121/26/2000

Form **SS-4****Application for Employer Identification Number**

(Rev. February 1998)

Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **59-3618984**

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) South Coast Property Owners Assoc.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 2406 Jettan Ave	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Tampa FL 33629	5b City, state, and ZIP code
	6 County and state where principal business is located Hillsborough County Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► Donald C. Evans 262-56-1875	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input checked="" type="checkbox"/> Other (specify) ► Townhouse Property Owners Assoc. | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country

- 9 Reason for applying (Check only one box.) (see instructions)
- | | |
|---|---|
| <input type="checkbox"/> Started new business (specify type) ► | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Purchased going business |
| | <input type="checkbox"/> Created a trust (specify type) ► |
| | <input checked="" type="checkbox"/> Other (specify) ► State of FL requires * |

10 Date business started or acquired (month, day, year) (see instructions) 11 Closing month of accounting year (see instructions)
1/1/98 12/9912 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► **NONE**13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) **NONE** ►14 Principal activity (see instructions) ► **Resolve issues as to common ownership**15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ► ☐ Yes ☒ No16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ► ☐ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. ☐ Yes ☒ No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Donald C. Evans, President - Homeowners Assoc.

Name and title (Please type or print clearly.) ►

Signature ► **Donald C. Evans**Date ► **1/25/00**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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for annual report