

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005520

1. Entity Name

ARBOR GREENE OF NEW TAMPA HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

601 BAYSHORE BOULEVARD #650
TAMPA FL 33606

601 BAYSHORE BOULEVARD #650
TAMPA FL 33606

2. Principal Place of Business

3550 Buschwood Park Dr

3. Mailing Address

3550 Buschwood Park Dr.

Suite, Apt. #, etc.

Suite 135

Suite, Apt. #, etc.

Suite 135

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33618

Country

USA

Zip

33618

Country

USA

6. Name and Address of Current Registered Agent

FUNK, CHARLES B
601 BAYSHORE BOULEVARD #650
TAMPA FL 33606

4. FEI Number

59-3537771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Pete Williams

Street Address (P.O. Box Number is Not Acceptable)

3350 Buschwood Park Drive

Suite 135

City

Tampa

FL

Zip Code

33618

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

4/16/01

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

TITLE D ☐ Delete
NAME FUNK, CHARLES B
STREET ADDRESS 601 BAYSHORE BOULEVARD #650
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ Delete
NAME MEEHAN, JEFFREY B
STREET ADDRESS 601 BAYSHORE BOULEVARD #650
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ Delete
NAME BLAKLEY, JOHN C
STREET ADDRESS 601 BAYSHORE BOULEVARD #650
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01
John C. Blakley, Director

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90352 040 ****61.25

954511



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)