2000 UNIFORM BUSINESS REPORT (UBR)

May 17, 2000 8:00 am Secretary of State DOCUMENT # **N98000005586** 1. Entity Name CROSS CREEK PARCEL "O" HOMEOWNERS ASSOCIATION, I 05-17-2000 90849 047 ****61.25 Principal Place of Business Mailing Address 325 SO. BLVD. 325 SO. BLVD. TAMPA FL 33606 TAMPA FL 33606-2150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3545320 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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) HANSON, JACK B 325 SO. BLVD. TAMPA FL 33606 Zip Code 8. The above named entity submits this statement for the ourcoast anging its registered office or registered agent, or both, in the state of Florida. SIGN/.. of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE TITLE Delete NAME NAME SIKORSKI, FRED sikorski, fred STREET ADDRESS STREET ADDRESS 2901 BUSH BLVD. #601 4904 EISENHOWER BLVD., STE. 150 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 TAMPA, FL 33611 Change ☐ Addition TITI F TITLE n Delete NAME COLLINS, THERESA NAME COLLINS, THERESA STREET ADORESS STREET ADDRESS 4904 EISENHOWER BLVD., STE. 150 2901 BUSH BLVD. #601 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 TAMPA. FL 33611 Change ☐ Addition Delete TITLE TITLE MONTGOMERY, KATHERINE NAME NAME CRAWFORD, TOM STREET ADDRESS STREET ADDRESS 4904 EISENHOWER BLVD., STE. 150 CITY-ST-ZIP CITY-ST-ZIP 2901 BUSH BLVD. #601 _ TAMPA FL 33634 TAMPA, FL ☐ Delete TITLE Change ■ Addition TITLE 33618 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/3/00

813-290-7900

FILED