

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000396

1. Entity Name

TATUM RIDGE OWNERS ASSOCIATION, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90172 043 ****61.25

Principal Place of Business 301 N. CATTLEMAN ROAD SUITE 108 SARASOTA FL 34232	Mailing Address 301 N. CATTLEMAN ROAD SUITE 108 SARASOTA FL 34232-6423
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2180 W SR 434	3. Mailing Address 2180 W SR 434
Suite, Apt. #, etc. STE 5000	Suite, Apt. #, etc. STE 5000
City & State LONGWOOD FL	City & State LONGWOOD FL

4. FEI Number 59-3619042	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 32779	Country US	Zip 32779	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CENTEX REAL ESTATE CORPORATION
301 N. CATTLEMAN ROAD
SUITE 108
SARASOTA FL 34232

7. Name and Address of New Registered Agent

HART, JAMES W. JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044

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  (NOTE: Registered Agent signature required when reinstating) DATE **2/10/00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMOUSE, DARIN M 301 N. CATTLEMAN ROAD, SUITE 108 SARASOTA FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADBURN, BETH 301 N. CATTLEMAN ROAD #108 SARASOTA FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEGAULT, PATRICK 301 N. CATTLEMAN ROAD #108 SARASOTA FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Beth Bradburn** Date Daytime Phone #