

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90117 039 \*\*\*\*61.25

**DOCUMENT # N99000002947**

1. Entity Name

**GLEN OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3836 CALLIANDRA DR.  
 SARASOTA FL 34232**

**3836 CALLIANDRA DR.  
 SARASOTA FL 34232**

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

**65-0940379**

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

**GATES, CHAD L ESQ.  
 LEVIN AND TANNENBAUM, P.A.  
 1680 FRUITVILLE RD., STE. 102  
 SARASOTA FL 34236**

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, 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 **PD** ☐ Delete  
 NAME **GLUVNA, FRANK M**  
 STREET ADDRESS **3836 CALLIANDRA DR.**  
 CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **VD** ☐ Delete  
 NAME **RYDER, PAUL J**  
 STREET ADDRESS **3643 PIN OAKS ST.**  
 CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **SD** ☒ Delete  
 NAME **HOWARD, MIKE**  
 STREET ADDRESS **3626 CAWANDRA**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **KAREN HAYNES**  
 STREET ADDRESS **3911 BREEZEMONT DR.**  
 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **TD** ☒ Delete  
 NAME **WITLIFF, JIM**  
 STREET ADDRESS **3700 PINE OAKS ST**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **NEWCOMER, ROSEMARY**  
 STREET ADDRESS **3855 PIN OAKS ST.**  
 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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 REQUIRED**  
**FRANK M. GLUVNA**

**1-16-01 941 366 1621**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)