

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2002 8:00 am
Secretary of State

05-05-2002 90068 021 ****61.25

DOCUMENT # N99000003087

1. Entity Name

KAMBRIDGE SUBDIVISION HOMEOWNERS' ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

PO BOX 33
LUTZ FL 33548

PO BOX 33
LUTZ FL 33548

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

59-3306442

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

LEGGETT, DONALD JR
17606 KAMBRIDGE POINT DRIVE
LUTZ FL 33549

Zip code change
33548

Name **Donald Leggett Jr**

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

17606 Kambridge Point Drive

City **Lutz**

FL

Zip Code

33548

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 **DP** ☐ Delete
NAME **LEGGETT, DONALD JR**
STREET ADDRESS **17606 KAMBRIDGE POINT DRIVE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **DP** ☒ Change ☐ Addition
NAME **Leggett, Donald Jr**
STREET ADDRESS **17606 Kambridge Point Drive**
CITY-ST-ZIP **Lutz, FL 33548**

TITLE **DT** ☐ Delete
NAME **RIMBLE, RONALD N**
STREET ADDRESS **17614 KAMBRIDGE POINT DRIVE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **DT** ☒ Change ☐ Addition
NAME **Kimble, Ronald N**
STREET ADDRESS **17614 Kambridge Point Drive**
CITY-ST-ZIP **Lutz, FL 33548**

TITLE **DS** ☐ Delete
NAME **MOSES, JOSEPH**
STREET ADDRESS **17608 KAMBRIDGE POINT DRIVE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☒ Change ☐ Addition
NAME **Moses, Joseph**
STREET ADDRESS **17608 Kambridge Point Drive**
CITY-ST-ZIP **Lutz, FL 33548**

TITLE **D** ☐ Delete
NAME **MANN, SCOTT**
STREET ADDRESS **703 CARLSPLITZ COURT**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☒ Change ☐ Addition
NAME **Mann, Scott**
STREET ADDRESS **703 Carlsplatz Court**
CITY-ST-ZIP **Lutz, FL 33548**

TITLE **D** ☐ Delete
NAME **WITTNER, JONATHAN**
STREET ADDRESS **814 BRANTENBER WAY**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **DV** ☒ Change ☐ Addition
NAME **Wittner, Jonathan**
STREET ADDRESS **814 Brantenburg Way**
CITY-ST-ZIP **Lutz, FL 33548**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE **DS** ☐ Change ☒ Addition
NAME **Copetas, Chris**
STREET ADDRESS **711 Brantenburg Way**
CITY-ST-ZIP **Lutz FL 33548**

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 of Ronald H. Kimble
Ronald H. Kimble

3/23/02

813-878-3991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)