

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004045

1. Entity Name

EAGLE CREST HOMEOWNER'S ASSOCIATION, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

02-22-2000 90047 014 ****61.25

09-12-2000 90146 027 ****70.00

Principal Place of Business

6362 8 AVENUE NORTH
 ST PETERSBURG FL 33710

Mailing Address

6362 8 AVENUE NORTH
 ST PETERSBURG FL 33710

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

59-3602835

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

CHRISTIAN, AMELIA B
 6362 8 AVENUE NORTH
 ST PETERSBURG FL 33710

Name Amelia Christian Thompson (Married)

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

After September 13, 2000 min. will be \$236.25

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 ☐ Delete
 NAME D
 STREET ADDRESS CHRISTIAN,
 CITY-ST-ZIP 6362 8 AVENUE NORTH
 ST PETERSBURG FL 33710

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LUBIN, LANCE
 CITY-ST-ZIP 6135 8 AVENUE NORTH
 ST PETERSBURG FL 33710

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS JONES, DENNIS
 CITY-ST-ZIP 6500 9 AVENUE NORTH
 ST PETERSBURG FL 33710

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME P
 STREET ADDRESS WOLFSON, LISA D.
 CITY-ST-ZIP 6368 - 7th Avenue N.
 St. Petersburg, FL 33710

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME T
 STREET ADDRESS BEERS, LINDA
 CITY-ST-ZIP 6090 - 7th Avenue N.
 St. Petersburg, FL 33710

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME S
 STREET ADDRESS SUMNER, HEIDI
 CITY-ST-ZIP 601 - 64 Street N.
 St. Petersburg, FL 33710

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

9-2-00 727-345-6055

Date

Daytime Phone #

CR2E037 (5/00)