

2000 UNIFORM BUSINESS REPORT (UBR)

4/.

DOCUMENT # N99000005763

1. Entity Name

COLONIAL HILLS HOMEOWNERS ASSOCIATION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-03-2000 90009 039 ****61.25

Principal Place of Business

325 SOUTH BLVD.
TAMPA FL 33606

Mailing Address

325 SOUTH BLVD.
TAMPA FL 33606-2150

2. Principal Place of Business

4300 W CYPRESS ST

Suite, Apt. #, etc.

SUITE 150

City & State

TAMPA FL

3. Mailing Address

4300 W CYPRESS ST

Suite, Apt. #, etc.

SUITE 150

City & State

TAMPA, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3634814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES, JUDITH L
325 SOUTH BLVD.
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name NELSON C. STEINER

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

4300 W. CYPRESS ST.

SUITE 150

City TAMPA

FL

Zip Code 33607

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.

NELSON C. STEINER

(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

TITLE	D	Delete
NAME	STEINER, NELSON C	
STREET ADDRESS	5012 LEMON STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	Delete
NAME	STEINER, ALFRED F II	
STREET ADDRESS	5012 LEMON STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	Delete
NAME	STEINER, MATTHEW	
STREET ADDRESS	5012 LEMON STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
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)(f), 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 NELSON C. STEINER

3/29/00

(F3) 350-9399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)