

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005895

1. Entity Name

SADDLEBROOK VILLAGE WEST HOMEOWNERS ASSOCIATION,

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90021 035 \*\*\*\*70.00

Principal Place of Business  
26806 S.R. 54 WEST  
WESLEY CHAPEL FL 33543

Mailing Address  
26806 S.R. 54 WEST  
WESLEY CHAPEL FL 33543



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
c/o Pittway Real Estate  
Suite, Apt. #, etc.  
P.O. Box 7018  
City & State  
Wesley Chapel, FL.  
Zip  
33543

4. FEI Number  
59-3627696

Applied For  
Not Applicable

Country  
Pasco

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ROLAND, DOUGLAS C  
500 E. KENNEDY BLVD., STE. 200  
TAMPA FL 33602

7. Name and Address of New Registered Agent  
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

TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, HAROLD E JR.	
STREET ADDRESS	26806 S.R. 54 WEST	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEFF, RICHARD	
STREET ADDRESS	7402 N. 56TH ST., STE. 480	
CITY-ST-ZIP	TAMPA TERRACE FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAUVREAU, PAUL R	
STREET ADDRESS	26806 S.R. 54 WEST	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlotte Ann Buhrman	
STREET ADDRESS	26806 SR 54 West, Wesley Chapel, FL. 33543	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Harold E. Rice, Jr.

4-25-00

(813)973-3685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)