

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90238 045 ****61.25

DOCUMENT # 727831
 1. Entity Name
EMBASSY HILLS CIVIC ASSN., INC.

Principal Place of Business Mailing Address
9509 PALM AVENUE **9509 PALM AVENUE**
PORT RICHEY FL 34668-4647 **PORT RICHEY FL 34668-4647**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MEARS, CARL T.
8810 LIDO LN.
PORT RICHEY FL 34668

4. FEI Number **23-7351982** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 7. Name and Address of New Registered Agent
 Name **Rowe Patricia J.**
 Street Address (P.O. Box Number is Not Acceptable)
7100 CUTTY SARK DR.
 City **PORT Richey** **FL** Zip Code **34668**

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 *Patricia J. Rowe* *J. Mearns* DATE **2/05/01**
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 NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, ENA 9430 GLENMOOR LN PORT RICHEY FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP NUCE, GEORGIANNE 9040 SHALLOW FORD PORT RICHEY FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEARS, CARL T. 8810 LIDO LN PORT RICHEY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBINO, FRANK 7341 OAKSHIRE DR PORT RICHEY FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORISSETT, RICHARD 8024 ST REGIS LN PORT RICHEY FL 34688 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, GERALD 9221 COCHISE PORT RICHEY FL 34668 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGIANNE NUCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9040 SHALLOW FORD LN PORT Richey, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP WANDA STICKLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 ISLE DR. PORT Richey, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATRICIA J. ROWE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7100 CUTTY SARK DR. PORT Richey, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Sherratt <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7131 FAIRFAX LN PORT Richey, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lou Deshano <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8847 CUSHEN LN PORT Richey, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILBUR ADAMS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9430 GLEN MOOR LN PORT Richey, FL 34668

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: *Patricia J. Rowe* **NOTARIES REQUIRED** *2/05/01* **727-847-5068**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)