

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90005 043 \*\*\*\*61.25

**DOCUMENT # 727831**

1. Entity Name

**EMBASSY HILLS CIVIC ASSN., INC.**

Principal Place of Business

Mailing Address

**9509 PALM AVENUE  
 PORT RICHEY FL 34668-4647**

**9509 PALM AVENUE  
 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

4. FEI Number

**23-7351982**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required-



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROWE, PATRICIA J  
 7100 CUTTY SARK DR  
 PORT RICHEY FL 34668**

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 *Patricia J. Rowe*

*PATRICIA J. ROWE TREASURER*

*01/17/02*

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NUCE, GEORGIANNE</b>	
STREET ADDRESS	<b>9040 SHALLOWFORD LN</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>1VP</b>	<input type="checkbox"/> Delete
NAME	<b>STICKLER, WANDA</b>	
STREET ADDRESS	<b>7150 ISLE DR</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ROWE, PATRICIA J</b>	
STREET ADDRESS	<b>7100 CUTTY SARK DR</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHERRATT, EDWARD</b>	
STREET ADDRESS	<b>7131 FAIRFAX LN</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DESHANO, LOU</b>	
STREET ADDRESS	<b>8847 GOSHEN LN</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, WILBUR</b>	
STREET ADDRESS	<b>9430 GLEN MOOR LN</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERRATT, EDWARD</b>	
STREET ADDRESS	<b>9549 MIDIRON COURT</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>	
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: *Patricia J. Rowe* SIGNATURE REQUIRED *PATRICIA J. ROWE*

*01/17/02*

*727-847-1665*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)