

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751008

1. Entity Name

HEATHER RIDGE VILLAS IV ASSOCIATION, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90005 019 \*\*\*\*61.25

Principal Place of Business C/O I&J PROP MGMT . INC. 40347 US 19 N. . SUITE 201 TARPON SPRINGS FL 34689 US	Mailing Address P.O. BOX 695 TARPON SPRING FL 34688-0695 US
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DO NOT WRITE IN THIS SPACE

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 <b>59-2987569</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**KARAGIANIS, IRENE**  
**40347 US 19 N. , SUITE 201**  
**TARPON SPRINGS FL 34689**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD	<input type="checkbox"/> Delete
NAME	BRESHGOLD, LILLIAN	
STREET ADDRESS	2204 MARSHALL DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MARTIN, DELORES	
STREET ADDRESS	2210 MARSHALL DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HIGGINBOTHAM, JEWEL	
STREET ADDRESS	2228 MARSHALL DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERIO, FRANK	
STREET ADDRESS	2248 MARSHALL DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWLER, LORRAINE	
STREET ADDRESS	2196 MARSHALL DR.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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: *LILLIAN BE BRESHGOLD* **3/27/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)