

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90217 043 \*\*\*\*61.25

00008258



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 754062**

1. Entity Name

**EASTWOOD SHORES CONDOMINIUM NO.4 ASSOCIATION, INC**

Principal Place of Business

Mailing Address

552 MAIN ST.  
SAFETY HARBOR FL 34695

7850 ULMERTON RD.  
SUITE 1  
LARGO FL 33771-4015

2. Principal Place of Business  
**HOLIDAY ISLES**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**7850 ULMERTON RD. STE. 1**

City & State

City & State

**LARGO, FL 33771**

Zip

Country

Zip

Country

4. FEI Number

**59-2069876**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**MEZER P.A, STEVEN H.**  
**1212 COURT ST.**  
**STE. B**  
**CLEARWATER FL 34616**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD</b> <b>WEISS, JOAN H.</b> <b>1861-C BOUGH AVE</b> <b>CLEARWATER FL 33760</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CLEMENT, LEE</b> <b>1929 WHITNEY WAY</b> <b>CLEARWATER FL 33760</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SOPRANO, JOSEPH</b> <b>1849-D BOUGH AVE</b> <b>CLEARWATER FL 33760</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>HARVEY, ARTHUR</b> <b>1845-A BOUGH AVE</b> <b>CLEARWATER FL 33760</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MIRVA CUEVAS</b> <b>1843D BOUGH AVE.</b> <b>CLEARWATER, FL 33760</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, the empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**1/10/00**

**727 530-4517**

CR2E037 (9/99)