

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90188 029 \*\*\*\*61.25

**DOCUMENT # 761644**

1. Entity Name

**CIEGA VILLAGE HOMEOWNERS ASSOCIATION, INC.**

**A0040672**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% PROGRESSIVE MGMT  
 2753 STATE RD 580 #207  
 CLEARWATER FL 33761  
 US

% PROGRESSIVE MGMT  
 2753 STATE RD 580 #207  
 CLEARWATER FL 33761-3345  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2275419**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ZACUR, RICHARD A ESQ.**  
**5200 CENTRAL AVENUE**  
**ST. PETERSBURG FL 33707**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
 NAME **WISE, TOM**  
 STREET ADDRESS **3950 103RD AVENUE NORTH**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **WISE, TOM**  
 STREET ADDRESS **3950 103RD AVENUE NORTH**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **PD** ☒ Delete  
 NAME **ROBBA, JIM**  
 STREET ADDRESS **4084 106TH AVE N**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **HUEG, DON**  
 STREET ADDRESS **10580 41ST STREET NORTH**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **VD** ☐ Delete  
 NAME **SWEETIN, MARY**  
 STREET ADDRESS **3901 104TH AVE N**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **BARKER, RON**  
 STREET ADDRESS **4001 105TH AVENUE NORTH**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **TD** ☐ Delete  
 NAME **PEBBLES, PAUL**  
 STREET ADDRESS **3984 105TH AVE**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **PEBBLES, PAUL**  
 STREET ADDRESS **3984 105TH AVENUE NORTH**  
 CITY-ST-ZIP **PINELLAS PARK FL 33762**

TITLE **VD** ☐ Delete  
 NAME **BAILEY, TIM**  
 STREET ADDRESS **3901 102 PLACE NORTH**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Richard A. Zacur* President 3/25/00 (727) 572-6907