

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90086 026 \*\*\*\*61.25

**DOCUMENT # N02457**

1. Entity Name

**PINEBROOK TOWNE HOUSE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7850 ULMERTON ROAD  
 SUITE 1  
 LARGO FL 33771  
 US

7850 ULMERTON ROAD  
 SUITE 1  
 LARGO FL 33771-4015  
 US

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

**59-2478096**

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

GROSS, ALAN M ESQ.  
 ONE PROGRESS PLAZA, SUITE 1210  
 ST. PETERSBURG FL 33701

Name

**Holiday Isles - Robert Babcock**

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

**7850 Ulmerton Rd. Ste 1**

City

**Largo, FL 33771**

**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

*[Handwritten Signature]* **Robert A Babcock**

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 **D**  Delete  
 NAME **LONG, CANDI**  
 STREET ADDRESS **7850 ULMERTON RD., STE. 1**  
 CITY-ST-ZIP **LARGO FL 33771**

TITLE **D**  Change  Addition  
 NAME **Grassick, Jennifer**  
 STREET ADDRESS **6721-121ST Ave. N. #c**  
 CITY-ST-ZIP **Largo, FL 33773**

TITLE **SD**  Delete  
 NAME **HOOD, DAVID**  
 STREET ADDRESS **7850 ULMERTON RD., STE. 1**  
 CITY-ST-ZIP **LARGO FL 33771**

TITLE **D**  Change  Addition  
 NAME **Grassick, Brian**  
 STREET ADDRESS **6721-121ST Ave N. #c**  
 CITY-ST-ZIP **Largo, FL 33773**

TITLE **PD**  Delete  
 NAME **GUIDRY, ADRIENE PAVIA**  
 STREET ADDRESS **7850 ULMERTON RD., STE. 1**  
 CITY-ST-ZIP **LARGO FL 33771**

TITLE **D**  Change  Addition  
 NAME **Sinn, Klaus**  
 STREET ADDRESS **3151 Coquina Key Dr. S.E.**  
 CITY-ST-ZIP **St. Pete, FL 33705**

TITLE **VD**  Delete  
 NAME **JULIAN, GARY**  
 STREET ADDRESS **7850 ULMERTON RD., STE. 1**  
 CITY-ST-ZIP **LARGO FL 33771**

TITLE **D**  Change  Addition  
 NAME **Mc Cabe, Emmett**  
 STREET ADDRESS **14829 Seminole Trail**  
 CITY-ST-ZIP **Seminole, FL 33776**

TITLE **TD**  Delete  
 NAME **JULIAN, EVE**  
 STREET ADDRESS **7850 ULMERTON RD., STE. 1**  
 CITY-ST-ZIP **LARGO FL 33771**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BRADSHAW, KELLY**  
 STREET ADDRESS **4501 37TH ST SOUTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/00**  
 Date

Daytime Phone #

CR2E037 19/99