## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 06, 2001 8:00 am DOCUMENT # N09817 Secretary of State 02-06-2001 90295 006 \*\*\*\*61.25 HUNTINGTON GROUP MASTER ASSOCIATION, INC. Principal Place of Business Mailing Address 2189 CLEVELAND ST 2189 CLEVELAND ST STE 225 STE 225 CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2821699 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LEIGHTON, LENNARD A 2189 CLEVELAND ST STE 225 Zip Code **CLEARWATER FL 33765** 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be $\Box$ Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ΤD **VPD** X Change ☐ Addition TITLE TITLE Delete STAN DYRCZ NAME PADAVICH, MARIE NAME 1013 CHILLUM COURT STREET ADDRESS 907 KINGS COTE CT STREET ADDRESS 34695 SAFETY HARBOR, FL CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL 34695 SD Change Addition TITLE Delete TITLE DEETTE AMSPAUGH NAME REINHEIMER, MARK NAME STREET ADDRESS 916 KINGSCOTE COURT STREET ADDRESS 1023 CHILLUM CT SAFETY HARBOR, FL 34695 CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL 34695 Change ■ Addition تورن پیستو TITLE Delete Delete KIM DECANINI NAME TRACY, JAN NAME 1007 CHILLUM COURT STREET ADDRESS STREET ADDRESS 1006 WYNDHAM WAY SAFETY HARBOR, FL 34695 CITY-ST-ZIP CITY-ST-ZIP Safety Harbor FL 34<u>695</u> Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME BRUNTON, JACK STREET ADDRESS 913 KINGSCOTE COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Addition TITLE ☐ Delete TITLE NAME HAJKO, BARBARA NAME STREET ADDRESS STREET ADDRESS 1110 CHESCHIRE COURT CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL 34695 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**