

# 2000 UNIFORM BUSINESS REPORT (UBR)

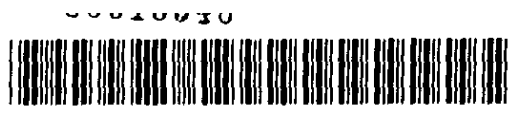
**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90057 005 \*\*\*\*61.25

**DOCUMENT # N17348**

1. Entity Name  
**PEBBLE CREEK HOMEOWNERS ASSOCIATION OF HILLSBORO**

Principal Place of Business      Mailing Address  
 19651 BRUCE B. DOWNS BLVD.      19651 BRUCE B. DOWNS BLVD.  
 SUITE D3-104      SUITE D3-104  
 TAMPA FL 33647      TAMPA FL 33647-2590  
 US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**18715 Bent Tree Lane**      **18715 Bent Tree Lane**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Tampa, FL**      **Tampa, FL 33647**

Zip      Country      Zip      Country  
**33647**      **US**      **33647**      **US**

4. FEI Number      Applied For  
**59-2754231**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BASTIAN, NANCY J CPA**  
**9416 PEBBLE GLEN AVE**  
**TAMPA FL 33647**

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 Nancy J. Bastian CPA      DATE 1-10-99  
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	CARRICATO, MICHAEL J	
STREET ADDRESS	18716 FOREST GLEN CT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUBINO, CAROLE J	
STREET ADDRESS	19023 WEATHERSTONE DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MASTORIO, DAVE	
STREET ADDRESS	19021 WEATHERSTONE DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MEGGISON, MIKE	
STREET ADDRESS	9904 CYPRESS SHADOW AVE.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, VICKIE	
STREET ADDRESS	9710 FOX CHAPEL RD	
CITY-ST-ZIP	TAMPA FL 33647	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mayer, Cheryl	
STREET ADDRESS	9705 Cypress Brook Rd.	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vickie Garcia	
STREET ADDRESS	9710 Fox Chapel Rd.	
CITY-ST-ZIP	Tampa, FL 33647	
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	Rich Brinnell	
STREET ADDRESS	9908 Colonnade Drive	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X SIGNATURE ACQUIRED      Date 2/1/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR