

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27820

1. Entity Name

HEATHER DOWNS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4131 GUNN HWY
TAMPA FL 33624
US

4131 GUNN HWY
TAMPA FL 33624-4725
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

65-0166915

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

GREENACRE PROPERTIES INC
4131 GUNN HIGHWAY
TAMPA FL 33624

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	STD	<input type="checkbox"/> Delete
NAME	RITTER, ANDREW	
STREET ADDRESS	8804 HEATHER GIEN CT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	STINE, JOHN	
STREET ADDRESS	17412 HEATHER OAK PL	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	FIFNER, DAVID	
STREET ADDRESS	8803 HEATHER GLEN CT.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNK, PATSY	
STREET ADDRESS	8806 HEATHER GLEN CT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90084 035 ****61.25

00010010



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)