

# 2001 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

08-06-2001 90005 047 \*\*\*\*61.25

N45964

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0012148

**DOCUMENT # N45964**  
1. Entity Name  
**CASABLANCA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business: **11281 43RD ST N CLEARWATER FL 34622**  
Mailing Address: **870 PINELLAS BAYWAY TIERRA VERDE FL 33715**

2. Principal Place of Business: **870 Pinellas Bayway**  
3. Mailing Address: [Blank]  
Suite, Apt. #, etc. [Blank]

City & State: **Tierrra Verde FL**  
Zip: **33708** Country: **USA**

4. FEI Number: **59-3115386**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FABRIZI, RICHARD**  
**11281 43RD ST N**  
**CLEARWATER FL 34622**

7. Name and Address of New Registered Agent  
Name: [Blank]  
Street Address (P.O. Box Number is Not Acceptable): [Blank]  
City: [Blank] **FL** Zip Code: [Blank]

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]*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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: <b>DP</b>	<input type="checkbox"/> Delete
NAME: <b>FABRIZI, RICHARD</b>	
STREET ADDRESS: <b>11281 43RD ST N</b>	
CITY-ST-ZIP: <b>CLEARWATER FL</b>	
TITLE: <b>DVP</b>	<input type="checkbox"/> Delete
NAME: <b>CUETO, AUGUSTIN</b>	
STREET ADDRESS: <b>880 PINELLAS BAY WAY</b>	
CITY-ST-ZIP: <b>TIERRA VERDE FL 33715</b>	
TITLE: <b>SOT</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>DORICH, NICHOLAS G.</b>	
STREET ADDRESS: <b>11281 43RD ST N</b>	
CITY-ST-ZIP: <b>CLEARWATER FL</b>	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>DEC GOLF - D.P.</b>	
STREET ADDRESS: <b>960 Pinellas Bayway</b>	
CITY-ST-ZIP: <b>Tierrra Verde, FL- 33715</b>	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

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

Date: [Blank] Daytime Phone #: [Blank]

CR2E037 (5/01)

**Hardcore Lifestyles, Inc**  
**2620 Newport Dr.**  
**Ft. Pierce, Fl 34982**  
**(561) 468-8523**

08-04-01

Florida Department of State

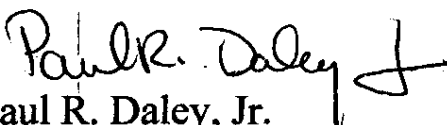
Subject: Reinstatement Hardcore Lifestyles. Inc.  
Ref. Number P99000064478

Per your instructions, enclosed is the appropriate and signed form as well as a check for reinstatement fees, filing fees, and corporate supplemental fee, and a certificate of status (\$908.75.)

If other documentation of fees are needed please contact me at the above address or telephone.

Thank you for your patience!

Sincerely

  
Paul R. Daley, Jr.  
President