

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48127

1. Entity Name

GARDENS OF BEACON SQUARE I, II, III COMMON, INCO
RPORATED

Principal Place of Business

Mailing Address

2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765
US

2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MENZ, ROSE H.
4217 TERRAPIN PL
NEW PORT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TRAYNER, PAUL
4205 TOUCHTON PLACE
NEW PORT RICHEY FL 34652 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STEPHAN, ROBERT
4229 GLISSADE DRIVE
NEW PORT RICHEY FL 34652 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MONROE, GERRY
4209 TERRAPIN PLACE
NEW PORT RICHEY FL 34652 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RENQUIN, LEONARD
4216 TERRAPIN PLACE
NEW PORT RICHEY, FL 34652 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YUSKEVICH, NELLIE
4636 REDCLIFF
NEW PORT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MULLIN, MARY
4234 TAMARGO
NEW PORT RICHEY FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WAHL, CHRISTA
4213 TAMARGO
NEW PORT RICHEY FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S ☒ Change ☐ Addition

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:

Robert L. Stephan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

727 816 9540

Daytime Phone #

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90024 009 *****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3128552 ☐ Applied For
☐ Not Applicable

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

0043591

CR2E037 (9/01)