## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N97000004851

1. Entity Name

## HILLSIDE VILLAS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

3. Mailing Address

2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442

2. Principal Place of Business

2476 N. ESSEX AVE.

2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442-5348

2476 N. ESSEX AVE

## **FILED** Feb 29, 2000 8:00 am **Secretary of State**

02-29-2000 90182 014 \*\*\*\*61.25



Suite, Apr. #, etc.			Suite, Apt. #, etc.	Suite, Apr. #, etc.			DO NOT WHITE IN THIS SPACE				
City & Stat	ndo	FL	City & State HERNAND	n FL	4. FE	Number 59-3468 19	 99	<del></del>	pplied For ot Applicable		
Zip 3449	1	Country	Zip 34442	Country	<b>5</b> . Ce	rtificate of Status Desire	nd 🗆 (	8.75 Ad	ditional		
		ind Address of Curr	ent Registered Agent			me and Address of Ne	w Registered A	gent			
				Name			•				
ADEL EDI	^ D			Street	Street Address (P.O. Box Number is Not Acceptable)						
ABEL, ERI	SSEX AVENU	r r					·		<del>4</del> n-		
HERNANDO FL 34442											
				City			FL	Zip Coo	le		
8. The above	named entity	submits this statemer	nt for the purpose of changing its	registered office	or registered agen	t, or both, in the state of	f Florida.				
SIGNATURE .	FILE N		gent and title if applicable (NOT  9. Election Campaign  Trust Fund Contrib	Financing	\$5.00 May Be Added to Fees			 D			
10.		OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	PD		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition		
NAME	TAMPOSI, S			NAME	_						
STREET ADDRESS CITY-ST-ZIP		SEX AVENUE		STREET ADDRES	s						
	HERNANDO	FL 34442		TITLE				☐ Change	Addition		
TITLE NAME	TD  Pastor, Jo	THN E	☐ Delete	NAME				☐ Change	☐ Youllon		
STREET ADDRESS		SEX AVENUE		STREET ADDRES	s						
CITY-ST-ZIP	HERNANDO	_		CITY-ST-ZIP							
TITLE	SD		☐ Delete	TITLE				Change	Addition		
NAME	BAZEMORE			NAME							
STREET ADDRESS		SEX AVÉNUE		STREET ADDRES	s						
CITY-ST-ZIP	HERNANDO	FL 34442		CITY-ST-ZIP	_						
TITLE	<u> </u>		☐ Delete	TITLE NAME	AILI'S M	CARIO		☐ Change	X Addition		
NAME STREET ADDRESS	ĺ			STREET ADDRES	247/	N. ESSE	X DIVE				
CITY-ST-ZIP				CiTY-\$T-ZIP	HERD	ando FL	2444	12			
TITLE	<del></del>		☐ Delete	TITLE	2		<u> </u>	☐ Change	Addition		
NAME i			U DOIOLO	NAME	WILLIA	4 FULST					
STREET ADDRESS				STREET ADDRES	s 2476 1	V. ESSEX K	VE				
CITY-ST-ZIP		_		CITY-\$T-ZIP	HERMA	ando FL	3444	<u>د</u>			
TITLE			☐ Delete	TITLE				☐ Change	Addition		
NAME	1	1		NAME							
STREET ADDRESS	1			STREET ADDRES	s						
CITY-ST-ZIP	!			CITY-\$T-ZIP	1						

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.

WISTOSINGE WISHELD BAZEMORE **SIGNATURE:**