

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90001 040 \*\*\*\*61.25

**DOCUMENT # N10469**  
 1. Entity Name  
**EASTBROOK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**15015 REDCLIFF DR.**      **15015 REDCLIFF DR.**  
**TAMPA FL 33625-1957**      **TAMPA FL 33625-1957**

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 **59-2653337**      Applied For  
 -- Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**TORRETTA, NELSON**  
**15015 REDCLIFF DR.**  
**TAMPA FL 33625**

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 \_\_\_\_\_ (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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SCHIRMER, CRAIG</b> <b>14929 REDCLIFF DR</b> <b>TAMPA FL 33625-1957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CLAWSON, BILL</b> <b>14916 REDCLIFF DR.</b> <b>TAMPA FL 33625-1957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BRICKNELL, DENNIS</b> <b>14905 REDCLIFF DR.</b> <b>TAMPA FL 33625-1957</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>TORRETTA, NELSON</b> <b>15015 REDCLIFF DR.</b> <b>TAMPA FL 33625-1957</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BARUCH, RON</b> <b>15008 REDCLIFF DR.</b> <b>TAMPA FL 33625-1957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HOCZAK, STEPHEN</b> <b>15009 REDCLIFF DRIVE</b> <b>TAMPA FL 33625</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MAL SEGAL</b> <b>14920 GREELEY DR.</b> <b>TAMPA FL 33625</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DIANE HOWELL</b> <b>14910 GREELEY DR.</b> <b>TAMPA FL 33625</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: ~~SIGNATURE REQUIRED~~      **3/24/01 (813) 264-6619**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)