

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90313 012 \*\*\*\*61.25

**DOCUMENT # N99000003781**

1. Entity Name

**HERITAGE ISLES GOLF AND COUNTRY CLUB COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7001 TEMPLE TERRACE HWY  
 TEMPLE TERRACE FL 33637

7001 TEMPLE TERRACE HWY  
 TEMPLE TERRACE FL 33637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3611940**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ZSCHAU, JULIUS J.**  
**JOHNSON, BLAKELY, POPE, BOKOR, PA.**  
**911 CHESTNUT STREET**  
**CLEARWATER FL 33756**

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 PD ☒ Delete  
 NAME LYONS, JOHN G  
 STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600  
 CITY-ST-ZIP CLEARWATER FL 33759

TITLE PD ☒ Change ☐ Addition  
 NAME VALENTI, BETTY D.  
 STREET ADDRESS 4902 EISENHOWER BLVD. SUITE 380  
 CITY-ST-ZIP TAMPA, FL 33634

TITLE VPD ☒ Delete  
 NAME SMITH, STEPHEN B  
 STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600  
 CITY-ST-ZIP CLEARWATER FL 33759

TITLE VPD ☒ Change ☐ Addition  
 NAME BECKERT, PAULO  
 STREET ADDRESS 4902 EISENHOWER BLVD. SUITE 380  
 CITY-ST-ZIP TAMPA, FL 33634

TITLE STD ☒ Delete  
 NAME LAWSON, MICHAEL S  
 STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600  
 CITY-ST-ZIP CLEARWATER FL 33759

TITLE STD ☒ Change ☐ Addition  
 NAME SMALL, ED  
 STREET ADDRESS 311 PARK PLACE BLVD SUITE 600  
 CITY-ST-ZIP CLEARWATER, FL 33759

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Betty D. Valenti** **Valenti** **4/25/02** **(813)901-5263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)