

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711196

1. Entity Name

HILLCREST COUNTRY CLUB APTS. INC., NO. 4

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90056 029 \*\*\*\*61.25

Principal Place of Business

1000 S HILLCREST CT  
BLDG 4  
HOLLYWOOD FL 33021  
US

Mailing Address

1000 S HILLCREST CT  
BLDG 4  
HOLLYWOOD FL 33021-7885  
US

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

59-1233511

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANTZ, ROBERT D.  
1000 SOUTH HILLCREST COURT  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

AL VALVANO

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

*Al Valvano*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/2000

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	S	<input type="checkbox"/> Delete
NAME	BREANSON, ADELE	
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRANTZ, ROBERT	
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KATZ, DOROTHY	
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARABALLA, JOHN	
STREET ADDRESS	1000 S. HILLCREST CT,	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATALDI, UGO	
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D P	<input type="checkbox"/> Delete
NAME	VALVANO, AL	
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREANSON, ADELE	
STREET ADDRESS	1000 S. HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

*Al Valvano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Pres.*

7/16/2000

CP2E037 (9/99)