

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 711196**

1. Entity Name

HILLCREST COUNTRY CLUB APTS. INC., NO. 4

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
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

7. Name and Address of New Registered Agent

**VALVANO, AL
1000 SOUTH HILLCREST COURT
HOLLYWOOD FL 33021**

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 \$61.259. 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	S	<input type="checkbox"/> Delete
NAME	BREANSON, ADELE	
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	FRANTZ, ROBERT	
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	KATZ, DOROTHY	
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	HARABAGLIA, JOHN	
STREET ADDRESS	1000 S. HILLCREST CT,	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CATALDI, UGO	
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Delete
NAME	VALVANO, AL	
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	

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:

SIGNATURE REQUIRED *Alfonse Valvano* *1-9-02***FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90159 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)