

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711298

1. Entity Name

HOLIDAY HEIGHTS CIVIC ASSOCIATION, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90032 015 \*\*\*\*61.25

Principal Place of Business

5103 20TH ST. W  
5103 20TH STREET W.  
BRADENTON FL 34207  
US

Mailing Address

5103 20TH ST. W  
5103 20TH STREET W.  
BRADENTON FL 34207-1934  
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

65-0039236

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

BERES, ETHEL  
5103 20TH STREET W.  
BRADENTON FL 34207

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	VPD	<input type="checkbox"/> Delete
NAME	BERES, ETHEL	
STREET ADDRESS	5103 20TH ST. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMOTRYSKI, CELESTE	
STREET ADDRESS	4805 19TH ST. W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STOVER, NORMA	
STREET ADDRESS	5105 20TH ST. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SWINDLE, KATHY	
STREET ADDRESS	5009 19TH ST. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAITE, CLARK	
STREET ADDRESS	5116 18TH AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERMANE, ROBERT	
STREET ADDRESS	2103 - 51ST AVE W	
CITY-ST-ZIP	BRADENTON FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELLOWES, Edward	
STREET ADDRESS	4908A 21st St W	
CITY-ST-ZIP	Bradenton, FL 34207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, Carol	
STREET ADDRESS	5008A 23rd St W	
CITY-ST-ZIP	Bradenton, FL 34207	
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:

Ethel Beres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 01, 2000 (941) 756-4185

Date

Daytime Phone #

CR2E037 (9/99)