

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722520

1. Entity Name

GARDENS OF BEACON SQUARE NUMBER FOUR, INCORPORAT

Principal Place of Business

4234 STRATFORD DRIVE
NEW PORT RICHEY FL 34652

Mailing Address

2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

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

59-1634512

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

LEIGHTON, LENNARD A
2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

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
NAME SHEEHAN, CHARLES
STREET ADDRESS 4368 SUMMERSUN DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

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

TITLE VD
NAME STAGER, JAMES
STREET ADDRESS 4141 HAMPTON DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

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

TITLE STD
NAME WIMBERLY, JEANNE
STREET ADDRESS 4334 SUNSTATE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

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

TITLE D
NAME FLAIR, RUTH LA
STREET ADDRESS 4361 SUMMERSUN DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☒ Delete

TITLE D
NAME HODGDON, WINSLOW
STREET ADDRESS 4127 STRATFORD DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Change ☒ Addition

TITLE D
NAME YACEK, PETER
STREET ADDRESS 4411 SUNSTATE DRIVE
CITY-ST-ZIP NEW PT RICHEY FL 34652 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME GEISLER, DOROTHY
STREET ADDRESS 4406 RUSTIC DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Change ☒ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01
Date

727-847-6951
Daytime Phone #

729090



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)