

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90085 017 ****61.25

0013221

DOCUMENT # 722520

1. Entity Name

GARDENS OF BEACON SQUARE NUMBER FOUR, INCORPORATED

Principal Place of Business

4234 STRATFORD DRIVE
NEW PORT RICHEY FL 34652

Mailing Address

2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

80138134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

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

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

TITLE D
NAME HODGOON, WINSLOW ☐ Delete
STREET ADDRESS 4127 STRATFORD DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE D
NAME GEISLER, DOROTHY ☐ Delete
STREET ADDRESS 4406 RUSTIC DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SD
NAME PARROTT, DONNA ☐ Change ☒ Addition
STREET ADDRESS 4415 SUNSTATE DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

D
NAME HARVEY, IRENE ☐ Change ☒ Addition
STREET ADDRESS 4214 STRATFORD DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TD
NAME ROBERTSON, EUGENE ☐ Change ☒ Addition
STREET ADDRESS 4309 SUMMERSUN DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

D
NAME LAFLAIR, RUTH ☐ Change ☒ Addition
STREET ADDRESS 4361 SUMMERSUN DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

PD
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: *Donna Parrott*

9/11/02

847-6951

CR2037 (4/02)