

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90167 017 ****61.25

DOCUMENT # 727831

1. Entity Name

EMBASSY HILLS CIVIC ASSN., INC.

Principal Place of Business

Mailing Address

**9509 PALM AVENUE
 PORT RICHEY FL 34668-4647**

**9509 PALM AVENUE
 PORT RICHEY FL 34668-4647**

00016784



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7351982

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MEARS, CARL T.
 8810 LIDO LN.
 PORT RICHEY FL 34668**

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 ☐ Delete
 NAME **IVP ADAMS, ENA**
 STREET ADDRESS **9430 GLENMOOR LN**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☒ Change ☐ Delete
 NAME **PRESIDENT ADAMS, ENA**
 STREET ADDRESS **9430 GLENMOOR LN**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☒ Delete
 NAME **DOVERSTYN RUTH**
 STREET ADDRESS **7315 EMBASSY BLVD**
 CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☒ Change ☐ Delete
 NAME **IVP GEORGIANNE NUCE**
 STREET ADDRESS **9040 SHALLOW FORD**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete
 NAME **T MEARS, CARL T.**
 STREET ADDRESS **8810 LIDO LN**
 CITY-ST-ZIP **PORT RICHEY FL**

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

TITLE ☐ Delete
 NAME **D RUBINO, FRANK**
 STREET ADDRESS **7341 OAKSHIRE DR**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE ☐ Delete
 NAME **D MORISETT, RICHARD**
 STREET ADDRESS **8024 ST REGIS LN**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE ☒ Delete
 NAME **D PURE, GERALD**
 STREET ADDRESS **9221 COCHISE**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☒ Change ☐ Delete
 NAME **D PRICE, GERALD**
 STREET ADDRESS **9221 COCHISE**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carl T. Mears
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00 (727) 847-1665
 Date Daytime Phone #