

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90238 045 ****61.25

DOCUMENT # 727831

1. Entity Name

EMBASSY HILLS CIVIC ASSN., INC.

Principal Place of Business

9509 PALM AVENUE
PORT RICHEY FL 34668-4647

Mailing Address

9509 PALM AVENUE
PORT RICHEY FL 34668-4647

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

23-7351982

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

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

Name *Rowe Patricia J.*

Street Address (P.O. Box Number is Not Acceptable)

7100 CUTTY SARK DR.

City *Port Richey*

FL

Zip Code *34668*

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

Patricia J. Rowe

Treasury

2/05/01

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 *P*
STREET ADDRESS *ADAMS, ENA*
CITY-ST-ZIP *9430 GLENMOOR LN
PORT RICHEY FL 34668*

TITLE ☒ Change ☐ Addition
NAME *P*
STREET ADDRESS *GEORGIANNE NUCE*
CITY-ST-ZIP *9040 SHALLOWFORD LN
PORT RICHEY, FL 34668*

TITLE ☐ Delete
NAME *1VP*
STREET ADDRESS *NUCE, GEORGIANNE*
CITY-ST-ZIP *9040 SHALLOW FORD
PORT RICHEY FL 34668*

TITLE ☒ Change ☐ Addition
NAME *1VP*
STREET ADDRESS *WANDA STICKLER*
CITY-ST-ZIP *7150 ISLE DR.
PORT RICHEY, FL 34668*

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

TITLE ☒ Change ☐ Addition
NAME *T*
STREET ADDRESS *PATRICIA J. ROWE*
CITY-ST-ZIP *7100 CUTTY SARK DR.
PORT RICHEY, FL 34668*

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

TITLE ☒ Change ☐ Addition
NAME *D*
STREET ADDRESS *EDWARD SHERATT*
CITY-ST-ZIP *7131 FAIRFAX LN
PORT RICHEY, FL 34668*

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

TITLE ☒ Change ☐ Addition
NAME *D*
STREET ADDRESS *LAD DESHANO*
CITY-ST-ZIP *8847 CUSHEN LN
PORT RICHEY, FL 34668*

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

TITLE ☒ Change ☐ Addition
NAME *D*
STREET ADDRESS *WILBUR ADAMS*
CITY-ST-ZIP *9430 GLEN MOOR LN
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia J. Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/01

Date

727-847-5068

Daytime Phone #

CR2E037 (10/00)