

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90005 043 ****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

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

ROWE, PATRICIA J
7100 CUTTY SARK DR
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

Patricia J. Rowe

PATRICIA J. ROWE TREASURER

01/17/02

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 P ☐ Delete
NAME NUCE, GEORGIANNE
STREET ADDRESS 9040 SHALLOWFORD LN
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE 1VP ☐ Delete
NAME STICKLER, WANDA
STREET ADDRESS 7150 ISLE DR
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE T ☐ Delete
NAME ROWE, PATRICIA J
STREET ADDRESS 7100 CUTTY SARK DR
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D ☐ Delete
NAME SHERRATT, EDWARD
STREET ADDRESS 7131 FAIRFAX LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☒ Change ☐ Addition
NAME SheRATT, EDWARD
STREET ADDRESS 9549 MIDIRON COURT
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE D ☐ Delete
NAME DESHANO, LOU
STREET ADDRESS 8847 GOSHEN LN
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D ☐ Delete
NAME ADAMS, WILBUR
STREET ADDRESS 9430 GLEN MOOR LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ 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

Patricia J. Rowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02

727-847-1665

Date

Daytime Phone #

CR2E037 (9/01)