

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728717

1. Entity Name

CRENSHAW LAKE IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

3624 CRENSHAW LAKE ROAD  
LUTZ FL 33549

Mailing Address

3624 CRENSHAW LAKE ROAD  
LUTZ FL 33549-4755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HEYCK, JOSEPH G., JR.  
1240 BARNETT PLAZA  
101 E. KENNEDY BLVD.  
TAMPA FL 33602

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ATCHISON, CAROL	
STREET ADDRESS	1804 VAN DYKE RD	
CITY-ST-ZIP	LUTZ FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHELL, HENRY	
STREET ADDRESS	1309 N FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLMES, MARY	
STREET ADDRESS	CRENSHAW LAKE RD 3612	
CITY-ST-ZIP	LUTZ FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HEYCK, JOSEPH G	
STREET ADDRESS	CRENSHAW LAKE RD. 3624	
CITY-ST-ZIP	LUTZ, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEYCK, MARILYN G	
STREET ADDRESS	CRENSHAW LAKE RD. 3624	
CITY-ST-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

JOSEPH G. HEYCK, JR.  
P.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90078 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2760528

Applied For  
Not

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required